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ESSAYS AND CASES.

ART. I.—*An account of the Extirpation of the Parotid Gland.* In a letter from PROFESSOR MCCLELLAN to the Editors of the Western Journal.

Philadelphia, Jan. 30, 1831.

GENTLEMEN—

In the spring of the last year, I performed the operation of extirpating the parotid gland, an account of which was published in the 4th No. of the New-York Medical and Physical Journal, by Dr. Sorber, of this state, the brother of the patient. As that journal was discontinued, without the number in which Dr. Sorber's paper was published being generally distributed, and as the recent death and dissection of the patient have afforded materials for a complete and authentic history of the case, I have it proper to transmit you the whole for insertion in the Western Journal.

[The following is the entire article, as extracted from the New-York Journal.]

A Case in which the right Parotid Gland, in a State of Melanotic Enlargement, was extirpated. By GEORGE MCCLELLAN, M. D., Professor of Surgery in Jefferson College, Philadelphia, communicated by JOSEPH E. SORBER, M. D., of Pottsville, Pennsylvania.

IN looking over a recent publication, (Tavernier's Surgery, translated by S. D. Gross, M. D.,) I found a note alluding to an operation which was performed on a brother of mine, and considering it, as I do, to be one of the most extraordinary attempts ever made to relieve a

fellow mortal from inevitable death, I shall avail myself of this opportunity to place it more in detail before the medical public; not only as a tribute of respect to my friend, Dr. McClellan, but likewise as a case illustrating the practicability of removing an entire and enlarged parotid gland. It will at least decide a subject which has agitated the minds of many surgeons—some altogether denying its possibility, while others more intrepid pronounce it hazardous in the extreme, yet advisable under certain circumstances.

The present case was of about five years standing. I first saw the tumor in 1825, which then appeared to be situated immediately over the parotid gland. Not having time to operate, I advised the patient to call on his family physician and have it removed. It was neglected, however, from time to time, until the month of April, 1829, when, at the urgent request of my brother, I again visited him from my place of residence, (Pottsville, Schuylkill co., Pa.,) and was astonished to behold the increase of the tumor, and the ravages it had made on his constitution. I doubted the possibility of his being relieved from the hectic fever which had afflicted him for the preceding few months. He had, however been long troubled with a loss of appetite and difficulty of deglutition, and pain on the least motion of the jaw. I stated to him my ideas of his case, and my fears on the prospect of a cure, but at the same time advised a consultation with Dr. McClellan. In the consultation which followed, Dr. McClellan agreed with me in opinion, as to the dangers of the case, and declared that the sooner the enlargement could be removed the better. Accordingly the operation was soon after performed by him at my request.

He proceeded to the removal of the tumor, first by making a curvilinear incision on each side of it, commencing just above the zygoma, and extending down the neck until they met about two inches below the angle of the jaw. These were deepened until the massetre muscle and angle of the jaw were exposed in front, and the mastoid process and muscle behind the tumor. As the chief mass of the tumor appeared to extend below and behind the face, where it was firmly wedged down beyond the reach of all further dissection in that direction, the operator changed his mode of proceeding, and began to extend the incision about two inches further down the neck. This brought into view an oblong process of the tumor, about two inches in length, and three-fourths of an inch in diameter, which extended down from the main body of the gland, and was lodged in the common sheath of the great vessels. On raising this process of the tumor from below, the common carotid artery and jugular vein were fairly exposed, opposite the side of the thyroid cartilage. As the whole surface bled profusely, we concluded that it would be necessary to take up the carotid artery. It was accordingly secured at once, with a single ligature; immediately after which the hemorrhage subsided, and the exposed surface became perfectly dry.

Dr. McC. then proceeded to burrow under the body of the tumor, using the handle, and occasionally the blade of his scalpel. The back part of the tumor was then found to be attached to the transverse processes of the two upper cervical vertebræ, and to have become imbedded in, or incorporated with, the posterior belly of the digastric

and the upper portions of the sterno-mastoid and trachelo mastoid muscles. These muscles were therefore cut away, in part, and the bones denuded; after which, the tumor was dissected upwards from underneath the ramus of the jaw and mastoid process: the styloid process being laid bare, and also the slender muscles which originate from it. In this part of the operation, the trunk of the *portio dura* was brought up from under the mastoid process, and of course divided along with the tumor. Several branches of the external carotid were also divided, two of which bled from the recurrent circulation, and had therefore to be secured; viz., the occipital and facial arteries.

The mass which had thus been elevated was evidently a morbid enlargement of the parotid gland, partially enveloped in a thin capsule, and composed of a black medullary substance, interspersed among the healthy looking granules of the parotid. The back, or under part of this mass had no capsule, and the deepest part of the exposed cavity, which corresponded with this, was occupied by a healthy-looking portion of the gland, in wich a large branch of the nerve was seen ramifying. We agreed that it would be improper to leave this remnant of the gland behind. Dr. McClellan, therefore, dissected it out completely, and brought it up over the zygoma, along with the morbid part which he had before raised above the jaw. This last step was followed by an alarming gush of arterial blood, which most probably proceeded from the internal maxillary artery, but was speedily arrested by the tenaculum and ligature.

The whole mass, in one partly divided body, was finally dissected away from the zygoma, to which it was firmly tied by a tendinous fascia, during the division of which, the patient complained of more pain than in all the other stages of the operation. It appeared to me to be a remarkable circumstance that he evinced no pain when the *portio dura* was dissected up, although since Dr. McClellan has explained Mr. Charles Bell's new doctrine of the nerves, to me, the cause is obvious. The total paralysis of the muscles on that side of the face and head* which was immediately discoverable after the tumor had been thus removed, also astonished me not a little, although I now perfectly understand the rationale of that circumstance.

On examining the cavity of the wound, the cartilaginous tube of the ear was found to be exposed down to the auditory process of the temporal bone, and the ligament which ties it to that process was partially divided, so as to give egress to a quantity of blood through the external ear. The articulation of the jaw was partly exposed, so that the interarticular cartilage could be seen behind and above the condyle, on every motion of the joint. The depth of the wound was very great, full two inches and a half from the angle of the jaw towards the posterior fauces, and top of the pharynx. Not a single granule or particle of the gland was left behind. Of this fact we formed a satisfactory

* The auricular muscles, the right half of the occipito-frontalis, the corugator supercilii, the orbicularis palpebrarum, and all the muscles of the nose, cheeks, and lips, of the right side, were totally paralyzed. The levator palpebræ superioris, the muscles of the eyeball, and the muscles of mastication, remained uninjured.

opinion, in as much as the whole of the exposed surface was left clear and dry, after the cessation of the hemorrhage, and could be thoroughly examined by the eye, as well as by the touch.

After having dissected away several diseased lymphatic glands, in the form of small black tubercles, from behind the *sterno-mastoideus*, we dressed the wound with dry lint and adhesive straps, over which was applied a compress and head bandage. The patient was then carried to his bed, having borne the operation with amazing fortitude, and in a sitting posture.

I remained five days and nights with my brother, after the operation, during which time I found occasion to administer no other medicine than a simple effervescing mixture, and a few doses of antimonial solution. The bowels were kept open by injections, and the febrile heat was reduced when the symptomatic fever came on, by ablutions with cold water. No other unfavorable symptoms occurred than a great difficulty of deglutition, and violent pains in the head, which I succeeded in mitigating by the steady application of ice and ice water. In the course of a few weeks after I had returned to Pottsville, I had the pleasure of hearing that our patient had perfectly recovered from the operation, and was actively engaged about his usual business, in his coach manufactory.

It is now eight months since the operation. He is in the enjoyment of perfect health, experiencing no other inconvenience than such as must necessarily result from a deep sunken scar, behind the jaw, which impedes deglutition to some extent, and a total muscular paralysis of the same side of the countenance, which has been produced by the loss of the *portio dura* nerve. He cannot close the eyelids of that side, nor can he laugh without producing excessive distortion towards the opposite side; but his sensibilities are all perfect, both in the eye and over the countenance.

The entire parotid gland has therefore been successfully extirpated, for the second time, on this side of the Atlantic. This operation affords another instance of the skill and intrepidity of American surgeons, and may be placed on a parallel with any that have been recorded in the annals of surgery.

Should any medical gentleman desire to see the patient, I would most respectfully invite them to call on my brother, Mr. Charles Sorber, opposite the falls of the Schuylkill, on the ridge turnpike, four miles from the city of Philadelphia. The tumor has been deposited in the museum of Jefferson College, where it can be examined at any time by those who may desire to receive further satisfaction than I have been able to afford in this detail.*

Philadelphia, Dec. 22, 1829.

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* The first successful operation for the removal of the parotid gland, was likewise performed in this country, by Dr. McClellan. Its subject was Dr. Graham, now of this city, who has since visited Europe, and satisfied Abernethy, Astley Cooper, and other distinguished surgeons, of the fact of his parotid gland having been removed. A record of the case will be found in the third volume of the American Medical Review and Journal of Philadelphia. We state the fact in this place, because the very possibility of the operation has been denied by high authority—*Ed. N. York Med. and Phys. Jour.*

On the 21st of November, 1830, I visited Mr. Sorber in company with Dr. Drake, and instituted an inquiry into the existing condition of the patient, the results of which may be stated in the following terms:

Mr. Sorber's health has been greatly reduced by gastralgia and other symptoms of dispepsia consequent upon severe and frequently repeated attacks of ague. Still he is able to walk about the fields in the neighborhood of his dwelling, and indulges hopes of ultimate recovery. For the six months immediately succeeding the operation, he enjoyed perfect health; and he attributes his present illness altogether to an obstinate and recurring intermittent, with which he has long been afflicted.

The eyelids contract simultaneously;* and the right eyelid can be depressed considerably—indeed almost sufficient to cover the ball. But the right brow is perfectly destitute of motion, and cannot be depressed, nor can the *corrugator* of that side be moved.

The *buccinator* appears to have acquired some degree of contractile power, and the *levator labii superioris*, has also a slight power of motion. All the other muscles of expression on the injured side, remain totally paralyzed. The masticatory muscles are perfectly natural, and it is impossible to move the *buccinator* and *levator labii superioris*, without, at the same time, depressing that side of the jaw, and drawing it forcibly to the same side.†

He thinks he can bite harder on the sound side, and is certain that he manages his food there as natural. But on the right side he cannot keep the food between his teeth. The lips and inside of his cheek often get between the teeth on the right side, and are unavoidably bitten, in the act of chewing.

The right side is sometimes drier,—after having slept it is a great deal drier than *natural*, and has no moisture at all. He

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* He cannot depress the right palpebra when the left is held up by the pressure of the fingers.

† This indicates that it is from the muscular filaments of the inferior maxillary nerve, that the *buccinator* and *levator labii* have begun to recover their contractility.

cannot always feel any difference in eating, but occasionally the left side pours out more fluid during that process.

Sometimes in drinking, the water comes back, both through the mouth and nose. He swallows solids best. He swallows hot articles as well as cold. Sharp drinks, such as brandy and wine, cannot be swallowed readily, and are very apt to fly back from the throat.

Snuff can hardly be felt in the right side of the nostrils, and, on being inhaled, passes into the throat so as to create sickness in the stomach. The left side of the nostril smells naturally, and draws the snuff higher up into its cavity.

There is no difference in the sensibility under the impression of foreign bodies, except that a tender spot exists just over the right zygoma, where the operation gave the most pain. But the right side is a great deal more easily chilled and warmed than the left. In a hot room, the right ear becomes so very hot, that he is often obliged to cool it with a wet rag. In a cold day, the same ear becomes almost frozen.

He does not perspire on the right side either of the face or head, nor has he ever felt any moisture there since the operation.

Before the operation, he states that he had had fever for a long while, and a great difficulty in chewing, and a choking sensation where the lump passed down along the neck. He also vomited every morning, and had very severe pains in the tumor.

During the present winter, I was several times requested to visit Mr. Sorber, whose health was extremely infirm, the symptoms being such as indicated organic abdominal disease; at length he died, and I was requested to make a *post mortem*, the results of which are set forth in the following letter and certificates:

Philadelphia, January 28, 1831.

To Dr. Drake, M. D., &c.

Sir—Having understood that you were desirous of procuring the detailsof Dr. McClellan's operation on the person of my deceased brother, with a complete history of the case, I transmit to you the accompanying papers. The original account of the operation and its immediate consequences, I published in

the last No. of the New-York Med. and Phys. Journal; but as that No. was delayed until the whole concern had expired on the hands of the publishers, I suppose that my paper was not circulated among the profession. You are at liberty, therefore, to publish it in your Western Journal, from my manuscript, with the additional certificates which are now appended to it.

Dr. Runkel, of Germantown, attended my brother during the last two months, and was present with several others at the examination of the body three days after death. I thought, therefore, that a certificate of his opinion of the facts, would render the case more satisfactory to you, especially as he is a physician of great experience and judgment.

Dr. Duncan, of Norristown, was also present, and as he is well known in Philadelphia and in his native state, South Carolina, I send you his certificate, which he annexed to mine directly after the examination was completed.

In conclusion, I will only state, that the patient died of marasmus, from enlarged, or scirrhous pancreas, and obstruction of the *ductus coledochus communis*. The liver did not appear to me to be as light colored, nor as distinctly granulated as natural. The gall bladder was largely distended with thin and watery bile; and two of the mesenteric glands were enlarged to the size of pullets eggs, appeared very dark colored, and adhered to the lower edge of the pancreas. Dr. Samuel McClellan has preserved these parts in the museum of Jefferson College, and states to me, that they partake of the same characters which were manifested in the original tumor of the right parotid gland. The pancreas appear to answer exactly to the description of Mr. Baillie, of a scirrhous enlargement of that gland. The two enlarged mesenteric glands are distinctly melanotic.

It is important that I should state, that there was no glandular enlargement, nor any other morbid appearance in any other part of the body. The right side of the neck and throat was perfectly sound, presenting no trace of disease, except the scar resulting from the operation. With great respect, I am your ob't serv't.

JOSEPH E. SORBER.

Falls of Schuylkill, January 25, 1831.

I have this moment witnessed the examination of the body and the neck of the late Mr. Charles Sorber, by Drs. Samuel and George McClellan; and certify, that not a vestige of the right parotid gland appeared in any of the recesses behind the ramus of the jaw, or among the small muscles around the styloid process, or in any part with which the parotid is naturally connected. I pronounce, therefore, that the parotid gland has, in this case, been perfectly and completely extirpated, and that his death did not result from any return of the disease in that part of the body. There was disease in the pancreas, gall-bladder, and mesenteric glands, which I consider resulted from the long series of intermittent fevers with which he had been for the last year afflicted. WM. RUNKEL, Jr.

I have attended very carefully to the examination of the body of my brother, and am perfectly convinced, that not a vestige of the parotid gland was left behind, in the operation performed by Dr. McClellan. The parts were thoroughly and minutely dissected, and not a single particle of glandular structure could be detected there. What rendered the case more evident was, the dissectoin of the opposite side of the throat, made directly afterwards, which allowed us to contrast the appearances, and prevented all misconception.

J. E. SORBER.

Falls of Schuylkill, January 25, 1831.

I have just examined the neck of the late Mr. Sorber, and, after a minute inspection of the parts as dissected by Dr. McClellan, (every thing being left *in situ* except the carotid artery, which is taken out with its sheath alone, for the purpose of exhibiting the marks of the ligature placed around it during the operation,) I am fully convinced that the parotid gland was thoroughly extirpated from the right side, by Dr. McClellan, in his operation. The comparison of the appearances on both sides

removes all the doubts from my mind, which I must confess I did entertain before this examination.

ALEX. J. H. DUNCAN, M. D.

Falls of Schuylkill, January 25th, 1831.

I shall not conceal that I have heard that doubts have been expressed, whether, in this case, the parotid gland was, in reality, extirpated. I trust they will be dissipated from the mind of every candid surgeon, who may read the foregoing certificates.

Respectfully, your ob't serv't,

GEO. McCLELLAN.

ART. II.—*Account of an Epidemic Bilious Pleurisy which occurred in Appling, Columbia County, Georgia, in the fall and winter of* 1830, by DR. ALLEN KIMBALL.

Appling, January 18, 1830.

DEAR SIR,—I take up my pen to give you a few cursory remarks on an epidemic bilious pleurisy which appeared in this vicinity since the month of November. The late fall has been noted for its long and continued drouth; together with considerable heat. From August until near the close of November, are scarcely ever known to have occurred fewer showers or less rain. Towards the close of the present month the weather changed from dry and warm to cold and showery; to which, in a few days, succeeded heavy rains, cold winds, frosts, and ice. The thermometer frequently ranged from 20 to 10 degrees, a degree of cold very unusual for this climate at this season. This sudden and unexpected change was soon followed by serious pulmonary and catarrhal affections. The first cases which occurred had their origin under circumstances somewhat peculiar, and will remind you in some particulars, of the origin of fatal fever of the old Baileys, and is highly corroborative of the explanation given of the true cause of that disease by Bancroft.

These cases were consequent on a nuptial and convivial association of a number of friends. The night was unusually cold, the room, (I am creditably informed,) was close and highly heated. After the usual routine of ceremony, the company indulged freely in dancing and other amusements, until they were excited to a high degree of heat and perspiration. In this situation they frequently retired from the room to cool and refresh themselves in the open air; thus exposing, to the injurious effects of cold, a system relaxed and debilitated by an atmosphere, composed (beside the impurities consequent on a crowded and ill-ventilated apartment) of an endless variety of vitious, spirituous, and animal fumes, all tending to impede respiration, to prevent the arterialization of the blood, and to produce morbid and preternatural excitements of the glandular and cutaneous systems. These cases partook of the general character of the epidemic that succeeded. Those that were under my care were attacked within a few days, of a "*catarrhus a frigore*," a dull and heavy pain over the brow and within the frontal sinus; frequent paroxysms of a deep, dry, and hollow cough; expectoration slight, occasionally stained with blood, or a light thin straw colored matter; eyes yellow; tongue rather red except its margin which was of a whiter aspect. In some a slight pain in the right side, particularly when coughing. These symptoms continued to increase from two to five days, when the cough became almost insupportable, no expectoration; tongue yellow, and bilious; pain, distressing in the frontal region and along the cervical column, the right side and sternal region. In the latter, most complained of a full and uneasy sensation, and others of a difficulty in breathing. Pulse in some, frequent and moderately full; in most, however, sôft and yielding readily to pressure; a few far below the healthy standard. In all there was a tendency to mental alienation, varying from the mildest form of intellectual derangement to *insanity*. Some were wild and restless, tossing from side to side of the bed, imagining upon every secret conversation that their friends were anticipating inevitable death: while others were typhoid and did not complain at all, as com-

plete somnolency seemed to prevent the exercise of the intellectual faculties. They would frequently attempt to reply readily to enquiries, but, would as soon seem to forget, and hesitate, and the answer would be entirely irrelative to the question. At this stage there were uniformly flushes and livid spots of the right cheek, and partial *subsultus tendinum*. There evidently seemed to have been two forms and termination of this fever. The difference consisted in this; the first there was a wildness, restlesness, &c., pain in the side, and pulse not very full but beat from 80 to 100, while in the latter there was not so much pain in the side, complete somnolency and stupor; pulse from 45 to 60, and perhaps, might be termed a very quick pulse. One of these cases was bled, to eight ounces, by my directions, on the first approach of the stupor, but the unfavorable symptoms were greatly increased. On account of the bilious symptoms, he took an active mercurial cathartic every day, combined with anodynes, and sudorificks, but the stupor and prostration only seemed to be the more speedily superadded. About the fifth day from the first appearance of these symptoms, on consultation, I reluctantly consented to a second bloodletting, on the suggestion that it was a *fac simile* of Rush's "frebris synocha," with suffocated excitement. I bled him myself, from six to eight ounces; the blood partook very slightly of the inflammatory buff. All the above symptoms were exasperated—a twitching of the muscles of the left side supervened on the lapse of a few hours, which was soon followed by a complete paralysis of that side, accompanied by the most violent convulsions, which returned at intervals of three to four hours. I immediately directed the whole scalp enveloped with a blister, administered sulph., quinæ, and carb. of amonia, and applied external frictions of mustard and capsic annuum. The blister drew and discharged immensely; in proportion to that evacuation the faculties of the mind returned, and a speedy cure was effected.*

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*I followed here a practice, to arrest and mitigate the violence of the convulsion, which is objected to by good authority, viz; at the approach of the fit, to have the patient's limbs held fast by strong assistants.

These cases were consequent on a nuptial and convivial association of a number of friends. The night was unusually cold, the room, (I am creditably informed,) was close and highly heated. After the usual routine of ceremony, the company indulged freely in dancing and other amusements, until they were excited to a high degree of heat and perspiration. In this situation they frequently retired from the room to cool and refresh themselves in the open air; thus exposing, to the injurious effects of cold, a system relaxed and debilitated by an atmosphere, composed (beside the impurities consequent on a crowded and ill-ventilated apartment) of an endless variety of vinous, spirituous, and animal fumes, all tending to impede respiration, to prevent the arterialization of the blood, and to produce morbid and preternatural excitements of the glandular and cutaneous systems. These cases partook of the general character of the epidemic that succeeded. Those that were under my care were attacked within a few days, of a "*catarrhus a frigore*," a dull and heavy pain over the brow and within the frontal sinus; frequent paroxysms of a deep, dry, and hollow cough; expectoration slight, occasionally stained with blood, or a light thin straw colored matter; eyes yellow; tongue rather red except its margin which was of a whiter aspect. In some a slight pain in the right side, particularly when coughing. These symptoms continued to increase from two to five days, when the cough became almost insupportable, no expectoration; tongue yellow, and bilious; pain, distressing in the frontal region and along the cervical column, the right side and sternal region. In the latter, most complained of a full and uneasy sensation, and others of a difficulty in breathing. Pulse in some, frequent and moderately full; in most, however, soft and yielding readily to pressure; a few far below the healthy standard. In all there was a tendency to mental alienation, varying from the mildest form of intellectual derangement to *insanity*. Some were wild and restless, tossing from side to side of the bed, imagining upon every secret conversation that their friends were anticipating inevitable death: while others were typhoid and did not complain at all, as com-

plete somnolency seemed to prevent the exercise of the intellectual faculties. They would frequently attempt to reply readily to enquiries, but, would as soon seem to forget, and hesitate, and the answer would be entirely irrelative to the question. At this stage there were uniformly flushes and livid spots of the right cheek, and partial *subsultus tendinum*. There evidently seemed to have been two forms and termination of this fever. The difference consisted in this; the first there was a wildness, restlesness, &c., pain in the side, and pulse not very full but beat from 80 to 100, while in the latter there was not so much pain in the side, complete somnolency and stupor; pulse from 45 to 60, and perhaps, might be termed a very quick pulse. One of these cases was bled, to eight ounces, by my directions, on the first approach of the stupor, but the unfavorable symptoms were greatly increased. On account of the bilious symptoms, he took an active mercurial cathartic every day, combined with anodynes, and sudorificks, but the stupor and prostration only seemed to be the more speedily superadded. About the fifth day from the first appearance of these symptoms, on consultation, I reluctantly consented to a second bloodletting, on the suggestion that it was a *fac simile* of Rush's "frebris synocha," with suffocated excitement. I bled him myself, from six to eight ounces; the blood partook very slightly of the inflammatory buff. All the above symptoms were exasperated—a twitching of the muscles of the left side supervened on the lapse of a few hours, which was soon followed by a complete paralysis of that side, accompanied by the most violent convulsions, which returned at intervals of three to four hours. I immediately directed the whole scalp enveloped with a blister, administered sulph., quinæ, and carb. of amonia, and applied external frictions of mustard and capsic annuum. The blister drew and discharged immensely; in proportion to that evacuation the faculties of the mind returned, and a speedy cure was effected.*

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The few cases of this description which I afterwards saw were not bled, but treated by frictions, blisters, calomel, nitre, and quinine and they all recovered speedily. The purgative preparation was as follows:

Calomel, 12 to 16 grs.
Nit. Potassa, 16 "
Sulph. quinine, 6 "
Dov. powders, 12 "
Pulv. iv.

One to be given every two hours, and passed off by sen. and cream tartar infusion.

If the bowels were difficult to operate on and no irritability of the stomach, the dov. powder was omitted, and if much gastric excitability was present, and the pectoral affections abated, senna and manna were substituted for the infusion. The purgative was followed by flaxseed tea, and other diluents, as much as the stomach would bear.

Those that exhibited a more inflammatory diathesis,* varied in some essential points of practice, but did not so extensively as might be imagined. In the treatment of more than twenty cases that ran a violent and unyielding course, seven were not bled, but treated by purgatives, blisters, sudorifics, and expectorants. All recovered speedily. Seven were bled once only and recovered by the foregoing rules. They were generally bled from eight to ten ounces. The remainder were bled twice, and none more than thrice; one died. Of two cases of pregnancy one was followed by abortion. I very especially remarked one peculiarity, that those cases which partook most of the bilious type, did not bear bleeding with impunity, yet they did purgation, and *vice versa;* and it is also here worthy of remark, that those, who were attacked within twenty or

* Dr. Thomas informs us that it is no unusual occurrence, in cold latitudes, to find typhus complicated with topical inflamations of the thoracic viscera, constituting pneumonia typhode. In such cases he assures us that he has seen venesection detrimental in several instances where it seemed to destroy the patients. One class of the epidemic which I mentioned in the first part of this letter did unquestionably partake deeply of typhus, and venesection most assuredly proved injurious. Dr. Rush says, that a few cases of the epidemic influenza, of 89, &c., terminated in "tedious and dangerous typhus."

twenty-five days from the commencement of the epidemic, assumed a bilious type, while those of a subsequent origin, were but slightly associated with that type. To the first class, mercurial cathartics were daily given, but to the latter class, I scarcely gave a single dose of calomel. It is to the former of these cases that my remarks are more particularly directed. As expectorants, the oxymel of squills, seneka, flaxseed, and particularly the asclepias decumbens, were highly efficacious, at the same time the violence of the cough was controlled by small anodynes. I have long since been convinced of the great influence of warm climates over the hepatic system, and am warranted in the assertion, by every observant practitioner of Georgia, that all cases of *pleurisy* which do occur on sudden changes from heat to cold, partake of the bilious type, while those that occur after this system has been for a time under the influence of a cold temperature assume the type of northern pleurisies.

Heat relaxes the liver, and increases its secretions; cold has a contrary influence, rendering its circulation more slow, and suppressing its secretions. If, after long exposure to heat, the system be suddenly exposed to atmospheric changes, sufficient to produce pulmonary disease, the liver will partake in the disease, because it is already in an excited state; and the peculiar symptoms of biliary derangement will shew themselves.

Bichat says "cold atmosphere confines the functions of the skin, and the internal secretions are more abundant." Daily experience disproves this. In warm seasons and climates, the biliary secretions are increased, and vice versa. We must have, therefore, a perverted function of this organ, as a consequence of sudden vicissitudes. Uniformity of climate, is one of the most efficacious remedial agents to the southern bilious invalids.

It is very difficult to give the pathology of this typhoid form of disease. Many attribute the stupor to cerebral oppression. If this were the case, blood-letting should be an efficacious remedy. Why may we not attribute it to the imperfect oxygenation of the blood, in consequence of the congestion of the capillary system of the lungs? That this congestion does take place,

we infer from the deep, dry cough, or the expectoration of mucus, tinged with blood, perhaps blood itself. Although the heart does not refuse to circulate venous blood, yet, the appearance of this blood in the arterial system, never fails to produce paralysis and stupor. All authors who have written on the subject, concur in assigning to carbonic acid gas, a sedative influence. Dr. Leonard says, that dilute carbonic acid reduces the frequency of the pulse, with as much certainty as digitalis, producing nausea, vomiting, and loss of appetite. In this way, as a late graduate of Transylvania University has contended, the most prominent symptoms of the cold stage of masmatic fevers, viz: a "darker hue of the blood, and a weaker action of the heart, may be imitated by the action of carbonic acid upon the animal economy. It is easy to imagine that this condition of the lungs would prevent the arterialization of the blood, and that the brain, from its delicacy, would be one of the first to feel its influence.

This view is directly confirmed by the symptoms we often meet with in pneumonia typhodes, which, very frequently, closely resemble the symptoms of the disease in question. At the same time, it may be borne in mind, that the lungs may be but one of the emunetories of carbon from the system, and that, very probably, the liver and kidneys serve a similar purpose. When the secretion of urine is suspended, a train of symptoms supervenes, not unlike analogous, in many respects, to those of the present disease. May we not therefore, in this instance, be justified in supposing, that the symptoms of cerebral oppression arise from the imperfection of that process by which venous is changed into arterial blood?

ART. III.—*A case of successful operation for the excision of the ossified cartilages and anterior extremities of two carious ribs and the lower portion of the sternum*, by GEO. MCCLELLAN, M. D., Professor of Surgery in Jefferson College.

Philadelphia, Jan. 27, 1831

TO DANIEL DRAKE, M. D.

MY DEAR SIR—Herewith I enclose the autograph letter of a patient, in the history of whose case you appear to have taken a deep interest. The bony specimens which were preserved by his family after the operation, have just come to hand, and I will send them to you before you leave the city on your return to Cincinnati.

As near as I can judge, from a recollection of his appearance at the time of the operation, I should suppose that the patient was about 60 years old. He was a very large person and corpulent; and his chest was at least as full and broad as I recollect ever to have observed in the case of any other individual. This will account for the unusual length of the cartilages of the ribs which were excised, and for the extent of the incisions which I was obliged to make in the superincumbent soft parts.

In addition to the symptoms enumerated in the enclosed letter, I must not omit to state that I was particularly struck with the appearance of great oppression and difficulty of respiration under which the patient had been laboring for a considerable period of time before I visited him. On passing a probe through a fistulous opening, situated a short distance from the right edge of the sternum, I was also surprised to find the two adjacent costal cartilages presenting hard and rough bony surfaces, along both of which I could convey the probe its whole length toward the right side. This circumstance immediately convinced me that the disease had originated from an ossification of these cartilages, and a consequent inflamation in or around them, which had finally produced a detachment of the perichondria, and a caries, if not a necrosis, of both substances.

I commenced the operation by carrying a deep incision from the edge of the sternum outwards to the distance of 7 or 8 inches along the intercostal space between the 5th and 6th ribs.

The edges of this incision were then dissected up, until the surfaces of both these ribs were fully exposed. They were evidently ossified cartilages presenting the appearance of worm-eaten caries throughout their whole length. The perichondrium was completely detached from the external surface of both, and thickened by induration of the surrounding cellular substance. I encountered but little difficulty, therefore, in detaching this envelope and pushing it backwards from the upper and lower edges of each rib, by the use of the handle and occasionally the blade of a common scalpel. The attenuated intercostal muscles and tendinous fibres, were of course detached along with these membranes. The bones were then left sufficiently bare to admit of the application of Hey's saw, which I repeated twice on each rib. With a common elevator I then pried up the bones from their outer toward their sternal attachments;—in accomplishing which, only two or three applications of the knife were required to cut away adhesions to the indurated mass of membranes and cellular tissue within. As the projecting extremities of the ribs did not appear perfectly sound, I extended the incision a little further outwards, and cut away about 1 1-2 inches more from their substance. The lower portion of the sternum presenting a similar appearance of disease, I also enlarged the incision inwards, and sawed away a considerable portion of that bone. On examining the exposed surface, there appeared a convoluted bony plate, surrounded by some indulated cellular tissue and medullary looking matter, pressing upon the pleura costalis, and intruding upon the cavity of the chest. I mistook this at first for the extremity of the seventh rib, which I supposed had been turned inwards and upwards behind the corresponding cartilages of the 5th and 6th ribs. On a closer inspection, however, I became convinced that it proceeded from ossification of a detached portion of the perichondrium of the 6th rib which had attempted to set up a sequestrating process around the cartilage. I succeeded very easily in prying up the whole of this mass with an elevator which detached it cleanly from the pleura, with the same kind of sound that is emitted from a birch log when it is stripped of its bark.

The intercostal fibres, both muscular and tendinous, were chiefly removed along with the bony plate, and the pleura was then left as thin as natural, rising and falling alternately with the efforts of respiration. As the hemorrhage from the torn branches of the intercostal and mammary arteries ceased almost instantaneously, I soon closed up the incision in the integuments, and retained them in apposition by interrupted sutures and adhesive plasters. A broad compress and bandage completed the dressing, and I left the patient directly afterwards in the care of my friend, Dr. Gloninger. The final result, together with a satisfactory detail of all the leading circumstances you have in the enclosed letter. Truly yours,

GEO. McCLELLAN.

Lebanon, Penn., Nov. 22, 1830.

Dear Doctor—

Having understood that you expressed a desire to be furnished with a detail of my case, prior and subsequent to the operation you performed, I will give it with the greatest pleasure: at the same time, I cannot, in justice to my feelings, but reiterate my gratitude to you for the benefits you have conferred on me, by your skill, in restoring me to my wonted health.

In the fall of 1826, I experienced more or less pain in my right side, extending along the fifth and sixth ribs to the sternum, accompanied with a tumefaction of the integuments. This continued for several months, without any abatement, until a fistulous opening appeared between the fifth and sixth ribs, about two inches from the breast bone, discharging, daily, a quantity of pus. My health, from this period, began rapidly to decline; the pain augmenting, my strength failing, and my emaciation becoming perceptible to myself and friends. My debility was now so great, as to cause my constant confinement to bed. The Syrup of Cuisinier was now recommended to me, and, after taking about ten bottles of it, without experiencing any benefit whatever, from its use, I placed myself under the

care of a German practitioner, Dr. Dostor, who assured me he could restore me to my accustomed health.

He purged me daily for nearly four weeks with some purgative pills, and applied discutient plasters to the diseased part. Under this mode of treatment, finding no amelioration of my sufferings, but rather an aggravation of them, I consulted Dr. John W. Gloninger, of this place, who, upon an examination of the affected part, with a probe, pronounced my disease to be a caries of the 6th and 5th ribs, together with the lower portion of the breast bone, and advised an operation, to which I did not consent until my hectic symptoms became alarming, and my debility so great, that I despaired of being restored to my health by other remedial means.

In this situation you found me the latter part of October, 1827, when you performed the operation. Soon after the operation was performed, the hectic fever left me, and my strength slowly returned, though I could not leave my room for nearly twelve months thereafter. About a fortnight after the operation, Dr. Gloninger gave me three grains of the blue pill, united with a half grain of ipecacuanha, every night at bed time, followed by a slight laxative every other morning, and accompanied by a liberal use of the decoction of sarsaparilla.

With this course he persevered, until I became slightly salivated, and established, at the same time, a caustic issue on the centre of the sternum, opposite the inner edge of the incision.

He did not allow the issue to heal for about four or five months, at the expiration of which time the fistulous opening closed, which had appeared near the lower extremity of the sternum, soon after the incision had cicatrized. I now commenced with a decoction of the bark of the prunus virginiana, and continued with its use for about ten months with occasional intermissions, until my health was perfectly re-establised. It is now as good as it ever was, and I find that I am able to attend to the duties of register and clerk of the orphan's court of Lebanon County, without the least pain or inconvenience arising from the removal of a part of two of my ribs, and a portion of my breast bone. Very respectfully,

JNO. UHLER.

Art. IV.—*Report of a Case terminating fatally from the local application of the Corrosive Sublimate in the cure of a species of Tetter, (Herpes exedens.)* By Dr. Allen Kimball, of Appling, Columbia Co., Georgia.

Not long since, I was called at a late hour of the night to see Miss ———, aged about 12 years. When I arrived, I received from the mother, a brief narrative to this effect. That her daughter had been affected for a considerable time with Tetter; being over solicitous to have it cured, that she might be at school, she applied to a physician, who promised a ready cure by the corros. sublimate. The ointment was prepared, and she obtained it early that morning. She had previously received verbal directions to apply a portion the size of a large pea. By parting the hair in different places, the whole scalp was found to be almost entirely covered with a famous eruption; and she supposed from the loose manner in which the directions were given, that there was no danger in the article, and that the directions went for the application to every part of the head much affected. At 9 o'clock of that day, she parted the hair in different directions, and freely applied (by the finger) the unguent. A few minutes only had elapsed, before the child began to "cry" of the most insufferable heat and burning, which were followed, in less then half an hour, by nausea, sick stomach, and vomiting, and threatened with convulsions, from excess of pain. Laudanum was given freely, and sinapisms to the gastric region and etxremities, with scarcely temporay ease. The mother states, that she applied forthwith to the Dr., but received assurances that the effects were only temporary. (I have been told on the ground that there were no absorbents of the head.) When I saw the child, (12 o'clock at night,) she had short intervals of ease and tranquillity, frequent vomiting, particularly if any fluid was taken into the stomach. Her head was immediately shaved and washed thoroughly, with warm soap and and water; warm starch poultices were the only application that gave much relief. From nine in the morning

until the same hour in the evening, she passed upwards of one hundred ounces of urine; the pulse was frequent, and small; she had no other urinary evacuation, until the fourth evening, which was very scanty, and continued so until her death. The third day from the application, blood passed off freely per anum, and increased daily; all the glands of the jaws, &c., were swelled, with a strong mercurial fetor of the breath. These symptoms became more inveterate, accompanied with great thirst, soreness of the abdomen, &c., until the 7th day, when it terminated fatally. The mother used only the index finger in the application of the ointment, except the washing of the head about fifteen hours after. I do not know the strength of the ointment; she states, that it produced a sensation to the touch, like sand. About 3 grains were rubbed on of the preparation. She (the mother) was deeply salivated, exhibiting all the usual symptoms of a general ptyalism, which disappeared under the customary course of remedies

This case presents two lamentable circumstances: that of negligence and rashness. I do not say this with the fear of contradiction, for I am warranted in the assertion, that every member of the medical profession, is not, virtually, a member of a temperate society, and it is sorely to be regretted, that too many of us are addicted to habits of intemperance.

The great Gregory says "temperance and sobriety are virtues peculiarly required in a physician. I have heard it said of some eminent physicians, that they prescribed as justly when drunk, as when sober. If there was any truth in this report, it contains a severe reflection against their abilities in their profession. It shows that they practice by rote," &c. "Drunkenness implies a defect in the memory and judgment. It implies confusion of ideas, perplexity, and unsteadiness, &c." It is due the efficacy of this medicine, to say, that several inveterate cases have been thoroughly cured in this vicinity, by the spiritous and aqueous solution, judiciously applied several times daily. It should never be forgotten, that all the drastic poisonous medicines, require to be prescribed cautiously, not only with a re-

gard to the quantity, but to the age, strength, and constitution of the patient. Of all classes of professional men, sobriety, discretion, and caution, are more required in the practitioner of medicine. The life of his fellow creature is constantly at his disposal: mistake, or design, sends them from whence no traveller returns. It is to be regretted, that the general consent of mankind, will not recognize drunkenness and dissipation, as a forfeiture of the medical man's profession.

ART. V.—*Notice of the Hooping Cough and Measles appearing together in the same patient, as it occurred at Newport and its vicinity, Herkimer Co., N. Y.* By A. B. BOWEN, M. D.

The spring of 1830, in the vicinity of Herkimer County, was uncommonly mild and pleasant, so that, by the last of April, vegetation was nearly two weeks in advance of the seasons. This was checked, however, about the first of May, by one of those sudden changes of weather, so peculiar to the northern and middle states, from warm and pleasant to cold and wet, which latter state continued until the middle of June.

Hooping cough prevailed extensively in Newport, as early as the middle of April, but did not spread much in the country around, till some weeks later; attacking, in its course, almost every individual susceptible of the contagion. There was no peculiarity attending the complaint, or distinguishing it from common pertussis, other than the severity of its symptoms; viz: high fever, distressing cough, almost to suffocation, attended with the whoop, and, in several instances, terminating in epileptic convulsions.

In May, measles made its appearance, attacking a great many of the little patients laboring under cough. In most instances, the active symptoms of the latter complaint had subsided, previous to the measles setting in; and in all with which I was acquainted, the *cough commenced first.*

The attack of measels was usually ushered in by the common premonitory symptoms, and speedily followed by oppression and laborious respiration, arterial excitement, dyspnœa, livid countenance, eruption, and attended with paroxysms of pertussus, aggravated, and distinct from the hoarse cough of measles. We give one case, a fair specimen of many.

July 4th. Called 5 o'clock this morning to see a child of Mrs K. A. E. aged 18 months, in convulsions, after a distressing fit of coughing. Attacked about the middle of June; cough dry; stomach irritable; tongue covered with a light brown fur; pulse frequent, not hard or wiry; surface, particularly the extremities, cold; bowels costive.

Warm bath relieved the convulsions; ordered cal. 6 grs., followed in 2 hours by ol. R.

5th. Cal. operated slightly; oil. not given; shehad considerable fever through the night, but less this morning. Ordered the cal. and ol. R. repeated; afternoon, anothe rconvulsion; cath. had not operated; gave a table spoonfull ol. R., which brought away dark fœtid stools in abundance.

6th. Child better; ordered ol. R. next day, and left.

26th. Called again; found her broke out with measles; had coughed as often as once in an hour or two since 6th inst., but not alarmingly; eyes red and suffused; had hot and burning skin; hoarse cough, with dyspnœa and frequent paroxysms of pertussus, distinct and severe; pulse full, hard, and frequent. Bled her 3 oz. in the jugular vein, which relieved her breathing, and gave her an emetic, which threw off much bilious matter, mixed with mucous.

27th. Paroxysms of cough and dyspnœa more distressing, with much hoarse cough and fever; opened her bowels with ol. R., and put her into a warm bath, which relieved her breathing a little; increased again this afternoon, and the system evidently giving way; died at 2 o'clock, A. M.

The commencement and course of this case, was similar to a considerable number of others which came within my observation. Where the system was not too much worn out by the first disease, the termination was in most instances favorable;

but, as in this case, when the cough had been of much duration, or when the excitability of the system was worn out from its severity, the complaint was almost surely fatal.

How far these cases go to contradict the observation of the celebrated Mr. Hunter, viz, that two diseases cannot exist together in the same patient, it is perhaps difficult to determine. At first, I could not regard it but as a complete refutation of that doctrine. On reflection, however, I came to the conclusion, that whatever of a *specific* nature there was in the cough, had exerted its influence, and, if the phrase be allowed, spent itself upon the system previous to the attack of measles; that the distinct paroxysms of cough, were the sequelæ of hooping-cough, kept up by habit, and not the immediate effect of the specific agent. In a number of cases where the patients recovered, and all appearance of measles subsided, the cough was kept up for months after, as is common after pertussus.

It may not be improper, although aside from the object of this notice, to mention, in this place, a remedy which was resorted to for the cure of this sequel of pertussis, with happy effect in almost every instance in which it was used; viz: Fol. conii, either in the form of powder or pills, given in grain doses to children, and increasing it until some effect upon the system is produced.

ART. VI.—*Removal of a large Steatomatous Tumor from the Neck.* By JOHN C. BRENT, M. D., of Shelbyville, Ky.

Cincinnati, Ohio, Jan. 23, 1831.

DEAR SIR—

Should you deem the following report, made on the day of operation, as meriting a place in your journal, it is at your disposal. The only important fact not embraced in the report, and which I now think proper to communicate, was the speedy recovery of the subject, aged 38 years, without the intervention of a single untoward symptom. Yours, most respectfully,

JOHN C. BRENT.

On the 18th of April last, having been called on by Mr. Samuel Graves, of Shelby Co., Kentucky, to examine a large tumor on the neck of his wife, of 12 years standing, and finding her constitution no further affected than might be expected from a tumor of such magnitude, I recommended its removal, and was, with the approbation of his lady, employed to perform the operation. The particulars, as detailed by Mrs. G., and indicated by the external appearances of the tumor, were the following: About 12 years ago, a small indurated body made its appearance near the middle of the omo hyoid muscle, but causing no pain, and enlarging slowly, it excited little alarm, until about 5 years ago, when its more rapid growth began to occasion much anxiety, and within the last 12 months, its increase has been estimated about one-third its previous size. External appearances exhibited the following anatomical limits: radiating from the point of commencement, its superior extremity was found nearly in contact with the mastoid process of the temporal bone, thence gradually sloping off, it covered about two inches of the superior face of the trapezius, passed over the origin of the deltoid, being pendulous over the whole extent of the right clavicle, crossed the sternum, and covered about 18 lines of the sternal extremity of the left clavicle, thence crossed the trachea obliquely, a few lines below the thyroid gland, and followed the course of the sterno cleido mastoideus, to its superior boundary. Neither the parotid, the thyroid, or any of the small lymphatic glands of the neck, seemed to be involved in the tumor, or was the great sheath containing the par vagum, the carotid artery, and jugular vein, much pressed in the erect position; but such was the weight of the tumor, that when horizontally placed, the patient experienced much inconvenience in respiration and deglutition, by its pressure on the trachea and œsophagus. Such was the thinness of the integuments, and the mobility of the tumor, (to all appearance,) as superficial as the platysma myoides, that I had no hesitation in advising its speedy removal, with the most encouraging hopes to the patient. On the 8th of May, after all necessary preparations, the patient, with great composure, submitted to this formidable operation, in the presence of

several medical students from Shelbyville, and many friends of the family who attended on the occasion, and bore it with unusual fortitude and steadiness. But six important blood vessels were divided, and these through the coolness and intrepidity of Dr. Wilson, of Shelbyville, whose services are most thankfully acknowledged, I was enabled so promptly to secure by ligature, as entirely to obviate exposure to syncope.

Dimensions.—Large diameter 6 1-2 inches.
Short dameter 5 do.
Circumference 21 do.
Weight about 3 pounds.

Art. VII.—*Case of Pulmonary disease threatening Phthisis, relieved by the supervention of Colica Pictonum, in consequence of drinking cider impregnated with lead.* By John E. Bush, M. D., of Cincinnati.

I think it unnecessary to offer any apology, for laying the report of the following case before the medical public, when I recollect, that it relates to a disease which humbles the pride of the physician, and generally mocks his best efforts; when I reflect, that in most instances, all that can be done, is to palliate the disease, alleviate the patient's sufferings, smooth the way to, and soften the bed of death. Whatever is calculated to throw any light upon a subject so replete with interest, cannot fail to elicit the attention of every friend of the medical profession, and call forth his most earnest investigation.

The disease alluded to, is Pulmonary Consumption; a disease mostly uncompromising in its characteristics, and irresistible in its progress. Dr. Young says, it carries off, prematurely, one-fourth of the inhabitants of Europe; and M. Baillie will not admit that a genuine case is ever recovered from; at all events, it has been the terror of physicians and the scourge of mankind, from the time of Hyppocrates to the present day.

The subject of the following case is Mr. B——, aged about 26 years, with light blue eyes, thick lips, long neck, sound white teeth, lax fibre, a baker by occupation, temperate as relates to drinking, but careless of his constitution, and somewhat free in his habits in other respects; has lived an athletic life from childhood. On the night of the 22d of February, 1829, his house caught fire, and, extinguishing it, his bed room and bed became very damp, or even wet. He slept in the bed without changing the bedclothes, in consequence of which, he took a violent cold, attended with much cough, slight pain in his breast, and copious expectoration. This continued, with some slight abatement as the warm weather approached, until the 11th of August, when he attended a camp-meeting, and slept in a tent. Whilst there, he was attacked with hæmoptysis, and threw up a large quantity of blood; his expectoration was occasionally tinged with blood, until September, when I was called to see him. When I first saw him, he coughed up, in my presence, at one time, a table spoonful of blood, and muco-purulent matter. At this time he was troubled with fever, alternating with slight rigors every afternoon; night sweats; irritating cough; and pain in his breast, especially when in a recumbent posture; and the disease had all the leading characters of a rapidly progressing consumption. To use the patient's own language, his "cough had always been very loose;" this, taken in connexion with the fact, that the disease, in the first place, showed itself immediately after sleeping in a damp room, (and I ought to have mentioned that he had exerted himself very much in extinguishing the fire, and was in a profuse perspiration when he went to bed,) induced me to consider it, notwithstanding the hæmoptysis which attended it, as a case of the catarrhal variety of consumption.

I bled him about 16 ounces, and directed nauseating doses of ipecac., opium, and calomel. The blood exhibited very slight appearances of inflammation. An antimonial plaster was applied to the chest; the ordinary expectorants were used, such as, squills, antimony, digitalis, sanguinar. canadens., &c. But very little change was effected by this course during the time it

was persisted in, which was about three weeks. The cough was sometimes checked for a short period, but soon returned again as bad as ever. After this course was found to fail of success, I directed an emetic of ipecac. to be repeated every two or three days, and in the intervals, the use of opiate expectorants. This course gave some little relief, insomuch that the patient could go about the house every forenoon pretty comfortably; but still had soreness in his breast, troublesome cough, and night sweats. About this time, he was attacked suddenly with pain in his bowels, attended with a sensation of *drawing* towards the navel, incessant vomiting, and obstinate costiveness. On investigating the case, I informed the patient and his friends, that, if it were possible from any exposure to the causes of this disease, I should certainly conclude that he had the *painter's colic*, [colica rhachialgiæ,] but the difficulty was to know how that could have been occasioned. I however gave him pulv. opii. grii. submur hyd. sj., and ordered a like dose to be repeated every four or five hours, with the use of enemata, fomentations to the abdomen, &c.; but at my next visit, I found he had obtained little or no relief, I ordered, at the suggestion of my friend, Dr. Finley, the addition of ol. croton tigl. to the calomel and opium. We at this visit were informed that Mr. B. had converted a *soda fount* into a *cider fount*, which had a leaden tube to conduct the cider to the counter, through which he had been in the habit of drinking cider. This at once removed the difficulty of accounting for the disease, and confirmed my first suspicions. By continuing those remedies three or four days, the obstruction of the bowels was partially removed, the vomiting somewhat abated, and the pain very sensibly lessened. By continuing the cathartics and opiates for several days more, the disease of the bowels entirely disappeared. And this brings us to the important item in the case.

When the pain in the bowels and the vomiting were at their height, the pain in the breast, cough, and night sweats entirely disappeared, and all the previous symptoms of pulmonary disease ceased altogether. It was rational, however, to expect that, when the disease of the bowels was removed, the lungs

would return to their former condition; but, to my great surprise and gratification, the patient returned to a state of health which has continued to the present time, nearly six months, notwithstanding the winter has been very violent, and the thermometer has two or three times in the course of the winter changed forty degrees in twenty-four hours.

There are several important questions suggested by this case.

1st. Did the restoration of the lungs depend upon any specific effect of the lead?

2dly. Was the vomiting, attendant on the colic, efficacious in removing the pulmonary complaint?

3dly. Was it effected by counter-irritation?

4thly. Did it depend upon the conjunct influence of the whole of them?

These are questions which I think of much importance to the medical profession, and the hope of seeing them satisfactorily answered, has principally induced me to publish this case. If it should, in any way, contribute to the more successful treatment of pulmonary complaints, I shall be abundantly compensated for the little pains I have taken in placing it before the public.

ART. VIII.—*Remarks on the Influence of Hysteria in modifying the Symptoms of Febrile Disease.* By JAMES C. FINLEY, M. D.

Most physicians, of much reading or practice, are familliar with the varied forms of hysteria, and the unpleasant symptoms which it often imparts to other diseases, when they attack constitutions pre-occupied by it. Every variety of inflammatory and nervous disease is occasionally imitated by it, and the vital organs, the heart, the lungs, and the brain, are sometimes so seriously affected as to give countenance to a treatment, so active as to occasion very serious injury.

At the commencement of febrile diseases the symptoms of hysteria so nearly coincide with many of the general symptoms of inflammatory action, as very frequently to escape detection; in the latter stages they may generally be known by the pecu-

liar symptoms of nervous derangement which characterise this affection: in both stages they impart a degree of severity to the symptoms which would indicate a much greater degree of danger than really exists. The affection of the nervous system is manifested by delirium, stupor, convulsions, trembling or twitching of the muscles; and, when the inflammatory symptoms have been somewhat subdued, by that peculiar irritability, restlesness, and anxiety of mind, with the disposition to shed tears, and that alternate elevation and depression of spirits, which accompany this disease. The respiration is affected by oppression, laborious breathing, and deep sighing. The action of the heart is variously affected, and the pulse is frequently very much accelerated.

My attention was first drawn to this subject by observing some cases of autumnal fever, which occurred in patients laboring under derangement of the menstrual function, to be accompanied with many unusual symptoms. As several physicians to whom I have mentioned these circumstances, appear not to have been aware of the influence of this derangement in modifying febrile action in a marked degree, I feel rather disposed to doubt the fidelity of my own observations, and proceed to present the following cases to the readers of the Journal, rather with a view of eliciting further observation, than as laying before them the results of extended observation.

A negro girl, in Jones Co., Georgia, 15 years of age, was taken with a chill on the 12th of Nov., 1825. The chill came on with the most furious mania; the patient singing, hallooing, uttering the most obscene conversation, and biting her own flesh with such an exertion of muscular strength as to require two men to confine her. I saw her for the first time on the next morning, and directed her to be actively purged with calomel and jalap. On the third day I was with her when the chill came on with the same symptoms as before. She called the names of every individual in the room, but had no other idea respecting them. The chill continued about an hour, and when the fever began to rise, I bled her from the jugular vein until she fainted. She awoke entirely composed, though with some

degree of stupor. In the course of the afternoon she took calomel 12 grs. with tart. ant. gr. i. divided into five powders, which operated several times upon the bowels. When the fever returned on the afternoon of the next day, the calomel and tartar emetic combined were prescribed, and continued through the night, bringing away thick feces like tar. On the next morning the mouth was affected, medicines were discontinued, and there was no return of fever. Menstruation had commenced in this patient about two months before, but had been suppressed in consequence of her having been exposed with thin clothing, to the cold heavy dews, in picking out cotton very early in the morning.

October 11th, 1828, I saw a female aged 18, on the third day of her illness; she had for some time been laboring under obstructed menstruation. She appeared insensible to any impression on the senses, and was singing, as if under some fanatical delusion. Sinapisms had been applied to the extremities and stomach, and when the mustard began to draw, she imagined herself in a future world, receiving the reward of a mispent life. When the fever began to rise as the pulse was weak, I was unwilling to take much blood, although there were such decided evidences of determination to the head. A vein was opened in the arm, and about ten oz. of blood taken.

She became calm and replied to our questions, and complained of the darkness of the room. In ten or fifteen minutes her vision returned, and she became perfectly rational. She was purged actively with calomel and jalap, and on the next morning took Dover's powder and quinine to prevent the return of the fever. The fever did not return, and by the use of the customary remedies the menstrual functions having been restored, the patient slowly regained her health.

On the 5th of Oct. 1830, I was called to visit Maria B., a young woman about 22 years of age, who was represented to be ill of the autumnal fever. I saw her in the afternoon, with considerable fever, tongue coated, pulse small, weak, and quick, right cheek flushed, pain in the chest, principally under the sternum; tenderness in the epigastrium, and troublesome cough. Her mother represented that about a month before, she had been caught in the rain during her menstrual period, that this discharge had

been suddenly suppressed, and that during her present illness, the discharge had not returned at the usual period. The fever had been gradually coming on, and that within the last three days, she had been confined to her bed.

On the next morning, during the remission, the symptoms of local inflammation, except the cough, being relieved, I gave the sulph. quinæ, with the effect of mitigating the fever in the afternoon; on the 8th, sulph. quinæ again given in the morning. In the afternoon the febrile symptoms more alarming. The debility continued to increase, and the remission to become more indistinct. On the 12th, she presented the following symptoms: skin hot, cheeks flushed, pulse 120, cough troublesome, mind anxious, respiration oppressed, and interrupted by deep sighing, subsultus tendinum. On the following morning, during the intermission of the fever, the twitching of the muscles, restlessness, and anxiety of mind continued, accompanied with great concern about her domestic affairs, and a disposition to weep when conversing about her situation, which led me to refer many of her unfavorable symptoms to the hysteria.

All active treatment was now laid aside, and the patient put upon alternative doses of the blue pill, with ipecacuanha and assafœtida, and bitter tonics in the intermission. Under this treatment the unpleasant symptoms left her, and she gradually recovered her health.

I have been induced to publish these cases under the impression that the facts were sufficiently striking to justify me in laying them before the profession. Whether they sustain the views I have taken, I must leave to those who have a more extended experience, to determine.

Sixteen oz. blood was taken from the arm, and she was actively purged. On the next day, after cupping over the chest and epigastrium, a blister was applied to the chest. In the afternoon the pain in the breast was relieved, but the cough was troublesome, and the febrile symptoms were little mitigated. Prescribed tar. emetic, grs. ij, sulph. soda oz. i. dissolved in six oz. water;—a table spoonful every hour or two, till the bowels were freely opened, which was followed after the operation of the medicine, by an opiate.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

ART. IX.—*Manuel-Pratique de la Lithotritie, ou Lettres a un Jeune, Medecin sur le broiement de la Pierre Dans la Vessie;* par A. P. BANCAL Medecin a Bordeaux. Paris: 1829. pp. 184, 8vo.

Practical Manuel of Lithotrity, or Letters to a young Physician on breaking down the Stone in the Bladder.

We presented to our readers, in the last No. of the Journal, some remarks on Civiale's method of curing the stone, by Dr. A. G. Smith, an enterprising physician from Kentucky, who visited Paris with the view of perfecting himself in this operation, and who intends to devote his attention, in the practice of his profession, principally to the diseases of the urinary organs. Since we shall probably have a surgeon established in the western country, well qualified to perform lithotrity, we cannot perform a more acceptable service to our readers, than to lay before them such facts as will enable them to judge of the comparative value of the operation.

M. Bancal, the author of the work which we have selected, is a surgeon of Bordeaux, whose attention having been early drawn to this subject by the high reputation which Civiale had acquired, visited Paris for the purpose of enjoying the advantage of this gentleman's instruction, and witnessing his operations. Having secured the necessary information, he returned to Bordeaux, and has since performed the operation in numerous instances, and with very considerable success. In this work he publishes the result of his experience, and illustrates the principles and success of his practice by numerous cases.

His description of the instruments used in the operation, are taken principally from Civiale's work; we shall, therefore, for the benefit of such of our readers as have not read the preceding

Nos. of the Journal, publish the description given in a review of Civiale's work on Lithotrity, in the 2d Vol. of the Western Journal of Medical and Physical Sciences.

The Apparatus consists chiefly:—

1. Of an exterior, straight metallic canula, or sheath. For an adult it should be 11 inches long. Its diameter must vary from two to four lines. It may be made of silver, gold, platina, steel, or copper—Dr. C. thinks silver the best. In operating, it is this part of the apparatus that is in contact with the urethra.

2. Of an interior tube, with one end slit down, and formed into pincers, called by Dr. C. *litholabes.* It must be longer than the other, and always made of steel. Its use is to seize and hold fast the calculus during the operation, and to withdraw the fragments when it is broken down The pincers should consist of two, three, or four branches; or rather the surgeon should be provided with several, adapted, by the number of their claws, to different cases, and to the objects to be effected. They must be elastic, so as to expand when pushed beyond the inner extremity of the exterior canula; and their ends are flattened, rounded, and incurvated. They are not exactly of the same length, so that in closing up they occupy, comparatively, but a small place, and form to the instrument a rounded head, which may be directed to any part of the surface of the bladder, with impunity to that organ. The pincers with two claws, may be used to extract small calculi from the urethra. Those with three branches, are preferred by the inventer for seizing, holding, and extracting the stone, in all ordinary cases. Those with four claws are only used under particular circumstances, which we need not enumerate. Sometimes one of the claws is moveable, and may be employed or removed at pleasure. The opposite, or outer extremity of the *litholabes* has a graduated scale which indicates the extent to which the claws are opened, and consequently the magnitude of the stone.

3. A perforating instrument, named by Dr. C., *lithotriteur.* It is this which, by a rotary or boring motion, penetrates the calculus, and effects its disintegration. It is a solid steel rod, which is introduced through the hollow shaft of the *litholabes*, or pincers. Its head is armed with teeth, or projecting points which act upon the calculus. When the pincers are shut, this jagged extremity is so enclosed as to protect the bladder from its action. The other extremity is pointed, and, near the end has a graduated scale, by which it may be accurately known how far the head of the instrument has perforated the stone. Dr. Civiale has devised two modes of augmenting the size of the aperture, made by the perforator:—1. by giving to the boring extremity, a slight degree of curvature, by which it is made to describe, in the calculus, a much larger circle,—2. by forming the head of two parts applied to each other longitudinally, and susceptible of being made to recede, so as to increase the diameter of the hole. Perforators of this kind are not so strong and solid as the others; but may be advantageously employed "when the stone is large, friable, and round."

Such are the implements which are introduced into the urethra and bladder. The remainder of the apparatus is composed of instruments, intended to connect these in their movements; to keep the pincers closed upon the calculus; to rotate the borer, and to project it forwards. Of this part of the machine it would be difficult to give an idea without the aid of the engravings, with which the book is illustrated; nor is a full description of them necessary to the object which we have in view. They consist chiefly of a turner's lathe, in steel, the beam of which is six inches long. The permanent, or fixed puppet is to be screwed to the end of the outer canula, while the moveable, clasps firmly a leaden tube, open at one end, and containing a coiled steel wire, which projects an iron cylinder against the outer end of the perforator, and imparts to it a progressive motion. On the shaft of the perforator is a pulley, round which a turner's bowstring is passed, and thus a rotary motion is imparted by the hand of the surgeon.

The hollow shaft of the pincers is prevented from passing into the bladder from the pressure of the borer against the stone, by a pressure screw, which passes through the outer tube, and by a button which is received against the external end of that canula, and which, at the same time, contributes to prevent the escape of the fluid from the bladder.

For the practice of lithrontity, our author, in his seventh chapter, has laid down minute rules, of which we shall make but a brief abstract.

The operation may be performed at all seasons of the year. The patient must be prepared for it by an attention to the means of improving his general health, if it be impaired. If this be even good, he is to be subjected to a course of mild antiphlogistics; with a diet calculated to prevent inflammation. So much for the preparation of his general system. The urethra must be subjected to a special treatment, calculated to diminish its sensibility, and familiarize it to the presence of instruments. For this purpose, a flexible sound must be introduced, daily, for eight days or more, and kept in the urethra for ten minutes each time. Its size should be gradually increased, until the urethra will bear, without irritation, one that is equal in diameter to the exterior canula of the boring apparatus.

The patient being thus prepared, he is placed on his back with the pelvis raised, and warm water, or mucilage is injected into the bladder, through a canula. This instrument is then to be withdrawn, and immediately afterwards, the apparatus for the operation is to be introduced, in the manner already described for introducing straight sounds. The pincers are then to be expanded, and made to enclose and secure the stone. The hollow stem of the pincers is then to be immoveably fixed to the external sheath, or canula, by a pressure-screw. The perforation may now be undertaken.

The boring may generally be continued ten minutes. On withdrawing the apparatus, the first urine that flows is colored with blood. The patient is ordered immediately afterwards to take a bath, and to observe a mild regimen. By the next day he has in general, recover-

ed from the operation, and is ready for its repetition; to which he commonly submits with less apprehension and greater confidence than before. The number of operations must depend on the size and hardness of the stone. The fragments are either discharged with the fluid contained in the bladder, or brought away by the pincers; and great pains should be taken to ascertain that they are all evacuated."

We have lately had an opportunity of examining these instruments, and the impression made on our mind, and we believe, on the mind of every physician in this city, who saw them, was a full conviction of the practicability, and of the comparative safety and mildness, of the operation.

It is a very great mistake to suppose that the introduction of bougies in the preparation, is necessary to increase the size of the urethra. This canal, in its natural condition, is sufficiently large to admit the largest instrument used in the operation, and the only object in view is to diminish its sensibility.

The following are his directions for introducing a straight sound into the bladder, which M. B. says, is done with as much facility, as the introduction of the curved one. The urethra is divided into three portions,—from the extremity to the bulb; from this point to the prostrate gland; and from this point to the neck of the bladder. The penis being held as in the introduction of the catheter, the sound is introduced perpendicularly until it arrives at the bulb of the urethra. Here it meets with an obstruction. Retracting it a little, it is inclined at an angle of 45 degrees with the horizon, and in this direction it passes with facility until it arrives at the prostrate. Being again withdrawn a little and placed horizontally, it easily surmounts this body, unless it be very much diseased, and arrives at the neck of the bladder, when by a slight additional inclination it is easily made to pass into this viscus.

The process by which the stone is broken down, differs according to circumstances. (1) The first is by boring. The effect of this operation is well understood. The cylindrical hole formed by the instrument will be equal to the circle formed by its curved head. The result will be a fine dust which passes away with the urine, rendering it turbid. (2) When the stone has been repeatedly attacked by the foret, and its structure is very

much broken, it may be crushed by pressing it against the head of the drill; and this may be frequently done if the stone be very soft, before it has been acted upon by the drill. (3) If the fragments produced by demolishing the stone, are too large to pass the urethra, a smaller instrument is introduced, the stone is seized as in the former instance, and the *lithotriteur* is worked by the hand. We will briefly notice some of the difficulties which have been urged against this operation.

1. *The pain of the operation.* It has been said that this is very considerable, and that some patients who have undergone both operations, have spoken of the pain produced by the knife, as far less than that produced by the new operation. The pain is not necessarily great, as many during the operation suffer very little, and in the interval between the sittings, often attend to their usual vocations. Much, however, will depend upon the skill of the operator, and the accidental or constitutional irritability of the urethra, and upon the morbid derangements of the urinary organs; and, consequently, it may be difficult to say *a priori* in individual cases, what the comparative amount of suffering may be. But however this balance may be adjusted, it is a fact deserving of much more consideration, that lithotrity is in every other point of view far the less formidable operation. Of the pain produced during the operation, M. B. offers the following rationale, viz: When the branches of the *litholabe* are expanded, the neck of the bladder is stretched in a triangular form, and in the changes in the position of the instrument which are necessarily made during the search for the stone, great irritation may occasionally ensue. Hence it is in the urethra and the neck of the bladder that the injurious effects of the operation are principally produced.

2. The second unpleasant consequence of this operation is, a *swelling of the testicle.* M. B. states that this affection frequently results from the use of bougies in the cure of strictures of the urethra. Whatever may be the explanation, it is no doubt analogous to the transfer of irritation from the urethra to the testicle, which takes place in gonorrhea.

It has been alledged by some, that *the bladder is liable to be siezed* between the branches of the litholabe. This M. B. says neither he, nor Civiale, has ever known to take place; and indeed, from the structure of the instrument, he considers the accident to be impossible. When fungous growths, however, spring from the mucous membrane of the bladder, these may be seized, and serious consequences may, possibly, result.

4. *Symptomatic fever* occasionally results from the irritation of the urethra, of so serious a nature as to require the operation to be suspended, and sometimes to be given up entirely.

5. *Inflammation of the bladder* has been urged by some as a frequent consequence of the operation, and it is stated in a late number of the Medico Chirurgical Review, that a stage of depression sometimes follows the operation, and that the patient sinks without reaction ever taking place. The first of these affections M. B. thinks is not likely to take place, and as he has made no mention of the other, it probably very seldom occurs.

The author has adopted the plan, of illustrating the nature of the operation and of the difficulties to be met with, by a detail of cases: we shall pursue the same course, believing that thus our readers will be better enabled to judge of the true value of the operation, and to determine how far the objections which have been made are justly chargeable to it.

The division of his cases is the same as that given by M. Civiale, for which we shall again refer to a former No. of this Journal.

"'In the first series," says he, "I shall present only the cases of patients whose conditions were most favorable to the operation.

"'I shall refer to the second, those in which the disease was far advanced, and offer complications which rendered the operation more difficult.

"'Finally, in the third, I shall relate cases in which a successful resort to lithontrity was impossible."' p. 76.

"The cases recorded in the first series, are not exactly similar; but in all of them the calculi had not attained to any great magnitude, or were few in number; the bladder was nearly sound; the urethra and prostrate gland were healthy and well formed, and the general health of the patient was good."

"Cases referred to the 2d and 3d of these series, do not of course resemble each other so closely as the first, seeing that the circumstances which render the operation difficult or impracticable, are necessarily much diversified.

Strictures of the urethra, and excessive sensibility of that tube; a similar state of the vital properties of the bladder; chronic cystitis, organic changes in the parieties; diseases of the prostrate; the multiplication of calculi; and a bad state of the general health of the patient, are circumstances that render the operation of lithontrity difficult and dangerous. It should be regarded as impracticable or as contra-indicated;—when the disease has lasted for so long a time that the calculus has acquired great dimensions, and the bladder, contracting firmly upon it, has become horny; when the calculi are numerous and of considerable size, and the health of the bladder, and that of the general system is bad; generally, when the stone is encysted; when it is large, and lodged in the urethra; when that tube from *organic* changes has become, in a great degree, impervious; when the nucleus of the stone, is a foreign body of such a kind, that it cannot be disintegrated; finally when the kidneys are in a state of organic disease. Many of these conditions render lithotomy not less than lithontrity, hazardous, impossible, or fatal; Dr. C. has, however, reported some cases, in which, after a reluctant trial of his method, he was induced to desist, and the patients were afterwards cured by the old operation."

Case 2. M. Dupuis, of Bordeaux, aged 66 years, of good constitution, and exempt from the crowd of infirmities which attend old age, presented himself for advice. Six years since, he began to pass small spherical bodies from the bladder, of the size of small peas; and three years ago, he complained of unequivocal symptoms of the stone. He was not sounded, however, but contented himself with pursuing a regimen, and avoiding every cause which could aggravate his sufferings.

In August, 1828, he applied for the assistance of M. Bancal. Having explored the bladder and ascertained the presence of several calculi, he commenced the preparation, and proceeded to operate on the 16th of September. The instrument was introduced with facility, notwithstanding a considerable enlargement of the prostrate, a stone was seized and ground down, and several fragments crushed between the branches of the instrument and the head of the foret. After this sitting, which lasted fifteen minutes, the urine was voided slightly bloody, and containing numerous fragments, some of the size of a small lentile. He experienced no inconvenience but a slight pain in the neck

of the bladder, and the canal of the uretha, which, however, did not prevent him from rising early on the following day and taking a morning walk.

The operation was again repeated on the 20th of this month. On this occasion the difficulties encountered led M. B. to suspect a fungous growth from the bladder. He met also with other impediments from the displacement of the bladder, in consequence of the accumulation of feces in the rectum; a lavement not having been administered preparatory to the operation, in conformity with his directions. Several fragments of the stone were seized and operated on, but with great difficulty in consequence of these circumstances. The retraction of the instrument was also attended with some difficulty, in consequence of one of the branches of the *litholabe* becoming entangled with this fungous growth.

This sitting lasted twenty-five minutes, and was very painful and fatiguing to the patient, who fainted soon after, probably from having neglected to take nourishment before the operation. On taking some refreshment, he revived so far as to be able to void his urine, which was bloody, and contained much of the detritus of the stone. A warm bath, fomentations, and emollient drinks were recommended. A chill followed, succeeded by fever, which continued through the night. The emission of urine was accompanied with sharp pain in the neck of the bladder, and the uretha. The antiphlogistic regimen, kept up for three days, calmed the local irritation, and reduced the parts to their healthy condition.

After this operation, he passed several fragments, one of which weighed 9 grs. and 12 oz. Fifteen days after the operation, he expelled four more, which he did not preserve, but which, from the pain attending their expulsion, he supposed to be larger than the preceding.

The condition of M. Dupuis was now very much improved, almost all the symptoms of the stone having disappeared, when he was suddenly seized with a rheumatic affection of the lower extremities.

On the 2d of November, M. D. being cured of his rheumatic affection, the instrument was again introduced, the extremity of which came again in contact with the substance before mentioned, which was supposed to be an excresence from the surface of the bladder, and several physicians present satisfied themselves of the truth of this opinion. The sound being withdrawn, a lithontripteur was introduced, but no calculus could be found.

After this examination, he descended from his apartment and dined with his family, and still enjoys good health, and attends to his business.

This case shows the importance, 1. Of evacuating the contents of the rectum before commencing the operation; and since this time M. B. always retracts the instruments, when he ascertains that this has not been done. 2. It proves that the presence of excrescences from the mucous coat of the bladder does not always prevent the success of the operation. 3. Great age is no obstacle to the success of the lithontripteur, provided serious organic derangements of the urinary organs do not accompany the disease which calls for the operation.

Case 3. M. Rollan, of Nerac, aged 32, of large stature, good constitution, and sanguine temperament, experienced two years since those symptoms which indicate the stone. In the month of September, 1827. he came to Toulouse, and placed himself under the care of Dr. Viguerie, who sounded the patient, and ascertained the existence of a stone, and of a considerable enlargement of the prostrate.

In October he came to Bordeaux to claim the assistance of M. B. and submit to lithontrity. He suffered much after voiding his urine; and on leaving the urine to stand, a copious deposit took place. The existence of the stone having been confirmed by the sound, he was subjected to two sittings. After these operations he voided a great deal of detritus, but the bladder being very irritable, the second operation brought on an ischury. Anxious to return home to attend to his business, he set out from Bordeaux in company with a physician, and arrived at Nerac without any accident.

Some months afterward, he was cut for the stone, by M. V. At the first view, this surgeon was surprised to find no mark of the lithontriptor, on the calculus, but on scaling it with the edge of a scalpel, there came from the cylindrical cavity made by the foret, a round plug which had completely filled it, and which was doubtless composed of uric acid.

This fact appears to shew that the elementary principles of the calculus, with which the urine was saturated, had a greater affinity for the surface of the cavity made by the instrument, than for the spherical surface. What law of molcular attraction presides over this phenomenon, M. B. does not attempt to determine.

M. B. takes this opportunity to call the attention of his correspondent to another important fact, which had been previously noticed by Deschamps. The sound, when introduced into the bladder in this instance, gave no distinct sensation of collision against a hard body, and it was the same case with the expanded branches of the *litholabe*. This he attributes to the abundant secretion of mucus covering the stone, and preventing the sound which usually follows from the collision of the instrument, and distinctly ascertains the presence of the stone.

Case 4. This case is intended to shew that when the urinary organs are very much diseased, when the capacity of the bladder is diminished by thickening of its coats, when it voids great quantities of mucus mixed with pus, and when the prostrate gland is very much enlarged; under these circumstances, although we may succeed in destroying the calculus, the patient will remain in a state of very troublesome disease and infirmity.

Jean Leglise, aged 72, an agriculturist from the vicinity of Bordeaux, began to experience the symptoms of the stone about four years since. This patient, having read the works of Desault, had taken such a prejudice against lithotomy, that he said he would rather die than submit to it.

He came to consult M. B., in Dec., 1828. His constitution, originally good, was very much impaired, and his sufferings were very great. He was obliged almost every moment to attend to the call to evacuate his urine, which came away in

small quantity, and deposited a great quantity of very thick mucus, mixed with pus, and exhaling a very decided ammoniacal odour; he often had fever; enjoyed little sleep; his appetite had failed; and his digestion was bad. He had also a large inguinal hernia on each side.

M. B. refused to operate on this man, and proposed lithotomy. To this he refused to submit, and pressed his entreaties with so much solicitude, that M. B. at length consented to resort to the new operation.

After the ordinary preparation which presented nothing remarkable, he proceeded to the operation in January, and destroyed the stone at four sittings.

At each application the stone was seized, but it was proved to the satisfaction of the physicians present, that the bladder was very much indurated, by the small amount of injection which it received.

After the operation, the urine continued to deposite great quantities of mucus, loaded with pus, and to require to be frequently voided. The constitution remained weak, although the painful symptoms arising from the presence of the stone were obviated; and the patient expressed himself much gratified with the success of the operation. A month after the operation he came on foot during a season of severe cold, when the ground was covered with snow, to see M. B., and for the two years that he lived after this, he was able to attend to his business, using only the precaution very frequently to void his urine, which continued of the character above described.

Case 5. M. S., a surgeon, a resident of Bazas, aged 55, of a temperament sanguine and nervous, had suffered several years from a stone, the existence of which was ascertained by the sound. In March, 1827, he came to Bordeaux, to place himself under the care of M. Bancal. From Bazas to Alangon, whither the patient went to take the steam boat, the road is paved, and the jolting of the carriage brought on severe pains in the bladder, and bloody urine. After his arrival in Bordeaux, M. S. had fever; after taking the rest necessary to his condition, he was sounded, and underwent the preparatory treatment. The

bladder and urethra being very irritable, M. B. commenced with the introduction of a very small sound, which was followed by symptomatic fever. After the preparation had continued 12 days, M. S., accustomed to a country life, became impatient for the operation, and M. B. reluctantly consented to attempt it. The bladder could not be distended by the injection. The lithontripteur was introduced with facility, but at the moment when it passed the neck, the patient complained of severe pain, and the branches of the *litholabe*, when expanded, produced excruciating pain. The parietes of the bladder were very much thickened, and, being unable to move the instrument without producing great suffering, M. B. gave up the attempt. M. S., despairing of relief, returned home the next day.

M. B. remarks that this patient was in a condition favorable for lithotrity before his journey. He enjoyed good health, had a good appetite, and suffered little from the stone; but he was naturally very irritable, and his journey produced a state of high irritation in the urinary organs. Persons afflicted with calculi, often travel with impunity, but no one can determine with certainty, *a priori*, the irritability of the bladder which contains a stone. Those who seem to be affected but little by its presence, often suffer very severely when they attempt to travel, and should expose themselves with caution from the dangers of being caught in situations, where the means of relief are not likely to be met with. The necessity of attending to this circumstance, will appear from the following case, which shews, in a striking manner, the danger to which patients affected with calculi are exposed from long journeys.

Case 6. M. Eusebi, *conservateur* of music and painting to the king of Spain, aged 56, of large stature, and of a strong constitution, had been affected with gravel 30 or 40 years. Two years since, he began to experience the symptoms of the stone, and his condition becoming progressively worse, he determined to pass into France to undergo Civiale's operation, which had not then been practised, and is still little known in Spain. The journey from Madrid to Bayonne, occupied 40 days. Journeying by small stages, he was often compelled to stop, to subdue

the irritation, which travelling produced, and which rendered his journey tedious, painful, and perilous.

At Bayonne, the catheter was introduced for ischuria, by a surgeon, who, without entering the bladder, made a false passage. This accident was accompanied by a severe hemorrhage, and produced violent pain and convulsions. After the disappearance of these symptoms, he was carried in a boat to Mont de Marsan, from thence in a litter to Langon, and thence in a steam boat to Bordeaux.

After 15 or 20 days of repose, M. B. commenced the preparatory treatment. The prostrate was very much diseased, and he suffered very much from the presence of the sound in the bladder, especially when it caused any displacement of the stone. The introduction of the instrument always produced a temporary flow of blood; bougies were introduced with facility, but as soon as they passed the neck of the bladder, he perceived a sensation which informed him of the effusion of blood, combined with a feeling of heat, and exclaimed, "You make my urine bloody." M. B. supposes that the vessels of the prostrate were varicose, and were ruptured by the passage of the instrument.

In March, he was subjected to his first sitting. After injecting an emollient fluid, the lithontriptor was easily introduced, and its extremity gave the sensation of a soft body in the base of the bladder, of the nature of which M. B. could form no idea. He displaced the stone which was situated in the superior part of the bladder, and succeeded in grasping it, and operating upon it in three different positions. M. S. suffered much, and voided bloody urine with much detritus. The symptoms of local irritation which succeeded were calmed by an appropriate treatment.

On the 10th day, when M. B. was prepared to repeat the operation, the patient was attacked with a violent sciatic pain in the right side. This pain, of the nature of rheumatism, extended first to the leg, and then to the shoulder. This affection yielded to appropriate treatment, but as the rheumatic pain gave way, the bladder became so much diseased that it was impossible to repeat the operation.

The patient, very impatient, and opposed to the temporizing practice which his condition required, set out for Paris, to place himself under the care of Civiale, and embarked at Bordeaux, to go by sea to Havre.

Before his departure from Madrid he was no doubt in a condition favorable for lithotrity. The volume of the stone was not too great. The diameter of the urethra was sufficiently large for the introduction of the largest instrument. The morbid condition of the bladder was occasioned by the journey, and by the false route made by the catheter. M. B. also thinks that these symptoms were aggravated by the metastasis of a constitutional rheumatism to which the patient was liable; and he asserts that he has met with other cases in which a similar circumstance has occurred, so that he is always on his guard where he has reason to apprehend a similar accident.

This patient arrived in Paris about the middle of August, and died a few days after. Dubois, Marjolan, and Civiale, who were called upon to visit him, reported him to be affected with severe organic lesions, and that his bladder was very much thickened.

Case 7. Orignac, of the department of Gironde, aged 32 years, of a good constitution, presented the symptoms which designate the presence of the stone in the bladder. In April, 1828, he placed himself under the care of M. B., who, having explored the bladder, found it very little diseased and of a large capacity. After several days preparation, the patient fixed his residence near M. B., to be convenient for the operation. The operator could neither seize nor displace the stone, which remained constantly in the right side of the posterior part of the bladder. The position of the patient was changed, and part of the fluid evacuated, but nevertheless, although all the physicians present assured themselves of the presence of the stone, it was impossible to seize it. This patient shortly after returning home, M. B. was deprived of the opportunity of making another attempt. He attributes the difficulty of seizing the stone in this instance, to its flattened form. Although he does not think with Civiale, that the general form

of the calculus can be ascertained, he thinks himself justifiable in drawing this conclusion in this particular case.

☞ The cases which have been hitherto reported, have been those in which, although complicated, the new operation might be employed with success. The following are instances in which it could not be employed.

Case 8. M. Delerm, a notary from Paillet, near Bordeaux, aged 70 years, of a good and strong constitution, has been subject to the gravel about 30 years. About five years since he began to experience the symptoms of the stone. He was subject to wandering rheumatic pains which several times have been complicated with the peculiar symptoms of the stone. In the spring of 1828, he came to consult M. B., who, by introducing a sound, ascertained the presence of the calculus. On the 17th of March he commenced the preparation, by introducing a bougie of a large size, which was continued until it could be introduced without producing irritation. On the 21st, he proceeded to the operation, introduced the instrument with facility, and having seized the calculus, ascertained the existence of another, by the shock which he perceived on moving the instrument. The sitting lasted but five minutes, and was followed by no remarkable accident.

On the 26th, he again submitted to the operation, and after having taken the bath, he dined immediately, and received the visits of his friends. The operation was repeated a third time; but on the day fixed for the 4th operation, he experienced a desire of voiding his urine more frequently, accompanied with dull pains in the bladder. On the night of the 5th or 6th of April this condition was aggravated, the hypogastric region became painful, fever was excited, the urine was voided with difficulty, and contained a great quantity of mucus; he perceived a weight in the return with tenesmus, his pulse manifested a febrile rhythm. A rigorous antiphlogistic treatment was opposed to this condition; bleeding general and local, warm baths, mucilaginous drinks with nitre, narcotic enemata, with low diet, and rest. The general irritation calmed itself, but the local continued and kept the patient in the most severe pain. Venice

turpentine, balsam copaiva, and anodynes did not remove the disease. The acetate of morphine, administered in small doses, produced such a determination to the head that it was necessarily discontinued. Injections into the bladder, of decoction of mallows and poppy heads, although managed with care, produced a fever which lasted four days. Finding all medical treatment ineffectual, M. B., after six weeks, proposed lithotomy, to which the patient submitted.

M. B. thinks that this state of excessive irritation was not produced by the operation, and offers the following reasons.

The operation had been twice performed without any accident; and the third operation was attended with less inconvenience than the preceding; six days passed without any increase of the symptoms, a length of time which was certainly not required for the manifestation of injury produced by the irritation of so delicate an organ. He thinks it was a metastasis of a rheumatic affection to which the patient was subject, and which being suddenly turned upon the bladder, exasperated the symptoms of the disease already existing there. The patient had frequently before been subject to violent pains in the bladder, sometimes placing his life in extreme jeopardy, and which his physician regarded as a transfer of rheumatism to this organ. The sufferings of the patient being unmitigated, he was cut by the bilateral operation on the 6th of July, and recovered without any accident.*

Case 9. M. Bernard Hugot, of the department of Gironde, aged 65, of a good constitution, and corpulent habit, came to Bordeaux in July, 1827, to undergo an operation for the stone, from which he had been suffering for several years. The diseased condition of this patient, his advanced age, the severe symptoms which manifested themselves in his urinary organs, prevented M. B. from expecting any thing from lithotrity. The

* M. B. attributes the happy result of the operation by the knife in this instance, to the good moral and physical constitution of the patient. One circumstance worthy of remark with respect to these calculi is, that although three large calculi were removed, their surfaces were so rough, that when shown to M. Dubois, he said that if he had extracted one of them from the bladder, he would scarcely have thought of searching for another.

first sitting produced such a degree of irritation, that he gave up the idea of lithotrity, and performed the bilateral operation; Fifty-five calculi, the largest the size of almonds, the smallest, of beans, were taken from the bladder, when the patient recovered without any unfavorable symptoms.

Case 10. In this case, M. B. having failed in the new mode of operating, attempted to extract the stone, but failed in consequence of its being encysted in a fold of the bladder. The patient survived the operation, however.

Case 11. The patient was a merchant of Bordeaux, between 50 and 55 years of age, of small stature. He had been subject to the gravel nearly 40 years, and for ten years had had symptoms of the stone; having frequent paroxysms, which kept him from 5 to 20 or 30 days in a state of continual fever, and intense local suffering. The great size of the stone made M. B. unwilling to attempt lithotrity; nevertheless, as the patient would hear of no other operation, he commenced the preparation at a very rigorous season of the year. A sound of the very smallest size, No. 4,* was first introduced; on the second day, No. 5, and on the third day the introdnction of No. 6 produced a slight degree of fever. At this period the thermometer stood at 6 degrees above zero of Reaumur, and M. B. remarks that severe cold has a very marked influence upon diseases of the bladder. For eight days after this, he enjoyed perfect freedom from fever, when he suddenly began to experience its precursors, and immediately the most violent febrile symptoms made their appearance. The local symptoms were much aggravated; the abdomen swelled, vomit and hiccough supervened, and the patient died in a few days.

The death of this man was attributed to the operation; but we think, with M. Bancal, without reason. The lithontriteur had never been used, and the sound was introduced with facility and without producing the least pain. The medical treatment of any patient is necessarily very much withdrawn from the public eye, and, in addition to this, few possess the qualifi-

* No. 9 is a sound of three lines in diameter, and they increase or decrease a fourth of a line with each number.

cations, or are willing to take the trouble, to estimate the value of a remedy by any other criterion than that of its success. It is therefore not to be expected, that when a patient dies, who is subjected to a new mode of treatment, the public will take into consideration the adventitious circumstances, which may have influenced the fatal event.

On the operation of Lithotrity in the Female.

It would, at first view, be supposed that lithotrity was more easy in the female than in the male; but experience proves the contrary, and M. B. offers the following explanation of the fact.

The bladder rests upon the uterus in such a manner, that the transverse diameter is greater than that from before backward, even when it is distended; and when the patient is placed in the position for the operation, the urethra opens into the very lowest part of the bladder, and, of consequence, into the place where the stone is usually met with. The urethra being short, straight, and distensible, admits the introduction of the instrument with comparative facility; but when the instrument is introduced, it passes the stone before the branches expand, and it is afterward very difficult to grasp it; indeed it is frequently impossible to do this without changing the place of the tone, by altering the position of the patient. Passing over one successful case, we shall give one or two cases, which terminated more unhappily.

Case 2. Madame M., of Bordeaux, aged 60, of good constition, corpulent, suffered some time with pain in the urethra after evacuating the urine. M. B. was consulted, and having ascertained the presence of a stone, proceeded immediately to the operation; but found it impossible, either at this time or on another occasion, to seize the stone. She experienced so little inconvenience from the search, that after the bath, she proceeded immediately to her customary domestic avocations. M. B. referred the difficulty to the following circumstances:

1. The relaxation of the abdominal parietes had permitted the intestines to fall forward, and carried the bladder, which

was very large, in the same direction, placing it in a direction almost perpendicular to the urethra.

2. The extremity of the instrument, when introduced into the bladder, came immediately in contact with a soft ovoid tumor, formed by the uterus, which rendered the antero-posterior diameter of the bladder very short, so that it was impossible for the branches of the *litholabe* to expand without depressing the extremity of the instrument very much between the legs of the patient.

3. The calculus kept itself constantly out of the reach of the branches of the instrument, and was concealed in the recesses formed on each side of the uterus.

It was the intention of M. B., if another attempt at lithotrity should prove unsuccessful, to resort to lithotomy.

Case 3. *In which the operation was contraindicated.* Madame T., of Bordeaux, aged between 75 and 80, of good constitution, inclined to corpulency, had been suffering from the stone, for several years, and had discharged several small calculi before M. B. saw her. He was consulted by her in January, 1827, and on sounding her, found a large stone immediately at the neck of the bladder. After the ordinary preparation, the patient was subjected to the operation, and the stone was, with considerable difficulty, seized; but its great size prevented the *litholabe* from taking hold of it with firmness sufficient to bear the action of the drill. The consequences of this operation were troublsome and painful, but yielded to an appropriate treatment. M. B. having desired a consultation, it was decided by the physicians who met him upon that occasion, that the patient was affected with an herpetic affection, involving the genito-urinary organs, and that this affection probably increased the abnormal irritability of the urethra and bladder; but that since the obstinacy of the patient prevented a resort to lithotomy, the only other alternative should again be tried.

The resort to lithotrity proved ineffectual, it being impossible to secure the stone within the grasp of the instrument. The symptoms consequent on this operation were calmed in a few

days; but the patient fell a victim, shortly after, to a fever, complicated with a severe affection of the organs of respiration. We will give the account of the *post mortem* examination, as well to exhibit the great extent to which disorganization of the different parts of the system may take place without immediately destroying life, as to illustrate a remark which we presently intend to make.

The lungs were emphysematous, and their parenchyma scattered with calculous granulations; the ventricles of the heart were enlarged; the internal membrane of the stomach in a state of inflammation—the pylorus schirrous; the left kidney was in a state of softening, (*ramollissement,*) and the right, of suppuration; the ovaries were perfectly disorganized; the uterus and vagina bore traces of inflammation, as did also the rectum, which was closed by a stricture, to such an extent as scarcely to admit a writing quill; the walls of the bladder were thickened and hardened; and the calculus which it contained was 32 lines long, 23 lines broad, and 6 lines thick.

The cases which we have published, admitting them to be fairly reported, will bring most of our readers to the conclusion, that the morbid derangements which prevent the application of Civiale's instruments, are not so exclusive as is usually supposed, and consequently, that the operation is applicable to a much greater variety of cases than public opinion now assigns to it.

The irritation produced by the introduction of the instrument, it is evident, must depend very much upon the skill of the operator. It would not be expected that a bladder, which had long been subjected to the irritation arising from the presence of a stone, would suffer very materially from the introduction of this instrument, if guided by a skillful and careful hand; and, accordingly, the irritation, M. B. states, is generally in the urethra; and, indeed, we might suppose, from what we observe of the symptoms of the stone, that irritation, even if produced in the bladder, would manifest itself in the canal.

One other remark upon this subject we deem it very important to make. The operation of lithotrity, and the preparatory treatment, sometimes occupy a very considerable period. Dur-

ing this period, whatever disease may befall the urinary organs, will be laid to the charge of this operation. When we consider that these organs are the seat of a very considerable irritation, and from this circumstance, from many constitutional diseases, we alone see to how many unfounded imputations this operation will be subjected. All do not die from lithotrity, whose existence is terminated while under the care of the operator; nor are all the diseases of the urinary organs, which arise during the process of the cure, to be attributed to this operation.

The friends of this operation have never claimed it to be universally applicable, and are willing to acknowledge, that while in favorable cases it is far more mild and safe than the knife, there are cases in which the latter may be very successfully applied, where the former could not be used without subjecting the patient to infinitely greater pain and danger. Indeed, the history of one or two of the cases above reported would appear to prove, that such a degree of morbid sensibility as would preclude lithotrity, may be no obstacle to the reunion of the parts, when cut by the gorget.

We have no expectation of seeing this operation entirely supplant the gorget; but if we may venture to express the confidence derived from the inspection of the instruments, from the favorable reports of others, and inspired by the enthusiasm of the enterprising gentleman who proposes to operate in this country, we feel confident that, in this country, it will be found applicable to a large and increasing proportion of cases. We are anxious to see a qualified operator in the West. We are rapidly becoming the rivals of the East, in many respects; and we are anxious to rival the Tramontane Region in every thing. In this view, we have claims upon the services of Dr. Smith, which we hope he will not refuse to acknowledge.

As the works of Dr. Darwin are very little read, at present, it may not be uninteresting to our readers to be informed, that an operation of this nature was a subject upon which he reflected much, and that he has given an outline for the construction of the necessary instruments, by which an inventive mechanic

might easily have arrived at the instrument of Dr. Civiale. Though the extract is rather long, we will venture to give it as a matter of literary curiosity.

"A curious account is given in a letter to Sir John Sinclair from Colonel Martin; who asserts, that, after using bougies and injections into the bladder, the passage of the urethra became less sensible to pain, and he was enabled to introduce small files (I suppose, with their backs smooth) and that by these he gradually filed away the stone, as it lay in the neck of the bladder. When the stone did not properly present itself, he introduced warm water by injection into the bladder, and thus, by again endeavoring to discharge it, brought forward the stone to the neck of it. He used the file three times in twenty-four hours from April till October. Medical Journal, No II. p. 121. If this process should be again attempted, perhaps the file might be introduced through a flexible canula, with a metalic hood at the internal end of the canula to cover the back of the file, so as to prevent the friction of it against the urethra, or neck of the bladder. If the urethra, by frequent trials, should become so insensible as to admit easily the introduction of a metalic canula, might not two fine steel wires properly tempered be joined at one end by a hinge, and thus introduced through the canula into the bladder; and when protruded beyond the extremity of the canula, they might open by their elasticity so as to receive the stone, and confine it against the end of the canula, by retracting them? The proper direction of the wire-springs, so as to open when they are pushed through the canula, must be previously given them. If this could be managed, a small file or borer might at the same time be introduced through the canula, the handles of which might consist of joints to permit them to bend in all directions, and thus the stone might be broken to pieces by a few trials; or if it was a soft or fragile stone, the retraction of the wire-bow might divide it at every trial, till it became almost reduced to powder. A little mechanical ingenuity might be necessary in the construction and use of this machinery; but I believe it not to be impracticable, since I read the above account of Colonel Martin, though I had often before thought of it with despair of its successful application." C.

ART. X.— *The French practice of medicine: being a translation of L. J. Begin's Treatise on Therapeutics, &c. &c.* By XAVIER TESSIER. New York: E. Bliss, 1829.

THE work before us is not, in itself, sufficiently meritorious to excite any particular attention. It professess, however, to be a regular and systematic exposition of the therapeutic principles of the "physiological doctrine;" and, as such, it affords us occasion for some remarks on the value and tendency of the leading tenets of this school. M. Begin is a thorough-bred Broussaian. He enters upon his task with a most determined contempt for every thing that has been said, or may be said, in opposition to the arguments and dogmas of his pathological creed. He is not behindany one of his *confreres*, in the vehement zeal, dictatorial assertion, and self-applauding strains of triumph and superior sagacity, so common with the advocates of this doctrine. The epithets of "empiric," "charlatan," "ignoramus," and many more equally liberal terms, are freely, and almost as a matter of course, applied to those contumacious beings, who still persist in rejecting the Broussaian pathology. There is no alternative. Either you must embrace the doctrine, or content yourself with being considered as an egregious blockhead. Like the ambitious impostor of Mecca, the disciples of the physiological school, seem to think that the best way to propagate their tenets, is to knock out the brains of the faithless, or what is the same thing, to assert that they have no brains at all. According to these ardent gastro-enteritic pathologists, medicine was a mere chaos—*rudis indigestaque moles*—over which the genius of ontological darkness brooded until the sun of *val de grace* rose and vivified the dormant germ of medical philosophy. All that we, and others equally simple, fondly regarded as the accumulated treasures of medical science—all the facts, and principles, and practical maxims, which the experience and common sense of the profession, from the days of Hippocrates

down to our own time, have stamped with the seal of usefulness and truth, we now learn from the mouth of the oracle himself, are, verily, nothing but "*vieilles erreurs*"—"*anciens prejuges*"—"*bigarrures*"—"*un amas informe de verites et d'erreures*"—a most lamentable accumulation of absurdities, errors, and prejudices. We might, indeed, be sorely mortified in thus hearing that all our imagined acquirements in medical science, gained by a long course of toilsome study and enquiry, turns out, after all, a mere mass of nonsense and error—did we not hear from the same *tripod*, the happy annunciation of the speedy advent of a medical millenium; to be consummated in the demolition of every thing that had been done in medicine "*jusqu a l'epoque de la doctrine physiologique*, and the universal adoption of "*cette doctrine bienfaisante*," which, we are told, is now established on "*des bases inebranlables!* Not that the direful box of Pandora is to be closed; but its former brood of distempers—the *nova cohors febrium* are, hereafter, by the absolute decrees of the "new doctrine," to rush out on their errands of destruction, under no other form than of *gastro-enterite;* which is as nothing, almost, against the potency of leeches, gum water ,and emollient enemata.

If simplicity is to be regarded as a paramount recommendation in medical systems, the Broussaian doctrine is most assuredly incomparably excellent. Let us suppose a student to pass round the ward of an hospital under the guidance of a disciple of this school. Pray, what disease is it under which this poor fellow is suffering? *Ma foi!* it is what the "*Purgons*" and empirical ontologists call a dropsy, but *c'est une veritable gastro-enterite.* What is the matter with this patient? This man's disease, Sir, is preposterously called rheumatism. These inepts do not see that it is a flagrant *gastro enteritis.* This, *Monsieur le Docteur*, I take to be a case of intermitting fever, *n'est ce pas?* Intermitting fever *au diable!* No; intermitting fever is a pathological abstraction. I tell you 'tis *gastro enterite!* Let us move on; here is a case of small-pox? *Encore une sotte abstraction ontologique!* no, no, 'tis *gastro-enterite!* Is this case not a well-marked typhus fever? Ah, typhus! an ontological monster!

tenez, ne voyez vous pas—how he grins and starts when I thrust my fist into his epigastrium—'tis *gastro enteritis, tres prononcé.* But tell me—are all the rest in this ward laboring under gastritis? that epileptic—and that child with measles—and this unfortunate maniac? *Oui, oui, tout le monde!* Blessed simplicity! happy generation of students! ye that now may acquire a knowledge of the nature of nearly the whole catalogue of human maladies, in the time that was, formerly, scarcely sufficient for becoming acquainted with the essential phenomena of a single disease!

But it is time to turn to our author. After making a few observations on the "relations existing between therapeutics and the other branches of medicine," of no particular interest, the author devotes the second chapter to the consideration of the "*medicating powers of nature.*" All must admit, he observes, that the animal organization is endowed with a disposition tending to expel morbific causes, to resist their impressions, and to restore within itself the harmony of its functions." This sanative tendency is not, however, to be considered as the operation of an independent principle, a TO THEION or *archaeus*, which, with a kind of intelligent guardianship over the welfare of the animal economy, sets on foot certain actions, designed and especially adapted to oppose, and finally, in many instances, to subdue diseases. Whatever spontaneous actions or results may occur in diseases, calculated to give them a favorable tendency; or whatever resistance the living organization may make to the influence of morbific causes, or to the extension of maladies, must be ascribed to the mutual support, which, by a pervading sympathetic association the various organs of the living system necessarily give to each other, and to the inherent tendency in vital matter to resist, to a degree, and often to triumph gradually over the impressions of injurious agents. Our author observes, however, and very correctly, that the practice formerly so common, and favored, even at the present day, by some, of patiently abstaining from the employment of active remedial means, lest these sanative tendencies should be interrupted, and of confining the curative efforts, to the application of remedies

calculated only to support and aid nature in her endeavors to cure the disease, must necessarily, in many cases, lead to the most ruinous consequences. The question, how far we ought to submit diseases to the operations of this restorative tendency of the organization, and especially to what extent we should make the apparent salutary actions of the system the guide of our remedial measures, has, indeed, given rise to abundant discussion. Upon this point, we may observe, that he who always at once makes a bold and uncompromising attack on the disease, without allowing some part of the work to be performed by the physiological efforts of the system; who walks forth armed, at all points, with the most potent weapons of his craft, determined to hold no parley with disease, will be as likely to do mischief, as the practitioner who watches with philosophic calmness over his patient for the critical concoction of morbid humors, or thinks himself unwarranted to prescribe any but the mildest remedies, conformably to the sanative efforts of nature. The former class of practitioners resemble the mariner who would expect to conduct his vessel safely over the traceless ocean, without paying any regard to the indications held out by nature of the approach of tempests and calms; whilst the latter may be compared to the sailor who would expect the winds and waves to waft him to his destined port, without plying his rudder or shifting his sails.

Much advantage may unquestionably be derived from a careful observance of the apparently salutary movements of the system; and yet, a vigorous and well directed blow at the disease in its commencement, will, in most instances of acute affections, determine the contest in favor of the patient. "When in acute diseases," says our author, "indications of a salutary effect are exhibited, or when the irritation is carried to the kidneys, the skin, or the lower extremity of the digestive canal, it is evident that a judicious physician will confine himself to assisting nature in that process. If no intensity exists, and if the patient is so situated that the disease can disappear spontaneously we are undoubtedly to abstain from the use of all energetic measures. Yet in such a case the physician is not inactive; he

observes, he operates, he modifies the organism, by directing and promoting the tendency to recovery."

The third chapter is devoted to observations: "*On the basis of curative indications.*" In the commencement of this chapter, the author makes the following well expressed and very correct observation. "With the aid of an extensive erudition and a subtle mind, it is po-sible to advocate and support all sorts of opinions, if not by means of sound reasoning, at least in a manner calculated to dazzle and subdue weak and superficial observers. The case is altogether different at the bed-side of the patient. In the presence of nature it is much less necessary to discuss than to act; and clinical results will plead more eloquently in favor of the skilful practitioner than the most elaborate discourses." The author fixes himself very comfortably on the vantage-ground of this truism, and regards those who oppose the physiological doctrine, as, at best, but ingenious sophisters, and cunning disputants, who are liable to be overwhelmed with embarrassement and discomfiture in the actual presence of nature, when at the bed-side of the patient. "Some modern empirics" he says, "have dared to assert that we ought to direct our attention solely to the most prominent and dangerous phenomena of morbid affections. But who does not see that *the medicine of symptoms* is absurd in principle and pernicious in its consequences." We are not among those who hold that our remediate efforts should always be especially directed against the more prominent symptoms of maladies, without a particular reference to the immediate causes upon which they depend; and we believe that there are few if any respectable physicians, who would either advocate or adopt in their practice, an entire reliance upon combating *symptoms*, to the total disregard of the local or general morbid conditions of which they are the external manifestations. Not unfrequently, however, we have no other guide or justifiable grounds for prescribing remedies, than the symptoms of the disease before us; and experience warrants the assertion, that in most diseases of an accute character, prescribing for the symptoms is attended with all the success that can be expected from remedial management. Most assur-

edly, where we can ascertain, that this or that organ or structure is the seat of a latent inflammation, an advantage will be derived from directing our remedies more immediately to the disordered part. But in what, after all, does the boasted treatment for the *causes* of *acute* diseases differ from the "medicine of symptoms" as it is, *gallice*, called. A patient suffers with violent, lancinating pain in the side; attended with a full and vigorous pulse, hot and dry skin, cough and bloody expectoration, costiveness, &c. The "modern empiric who dares to assert that we ought to direct our attention solely to the symptoms," bleeds his patient, in the first place, to diminish the action of the head and arteries; he gives him demulcents to abate the cough; prescribes a laxative to remove the costiveness, and he cups, leeches, and *blisters*, to relieve the pain in the chest. Although he thus meets the symptoms, he is not ignorant that there is *inflammation* in the chest; and he knows from experience, that in opposing the symptoms effectively, he necessarily reduces the inflammation. And what does the "*Medicin philosophique*" do? Why, he bleeds, and leeches, and blisters, and gives demulcents, not to remove the symptoms, but to cure the inflammation! But the true point of tenderness with the Broussacan physicians, is the application of the "*medicine of symptoms*" to general fevers. To treat fevers of this kind according to the symptoms, is, in their estimation, rank empiricism. Such fevers must, according to their creed, be treated as cases of mere *gastro-enteritis*, without any regard, or, at least, but a very subordinate one, to the general symptoms. Whether any *manifestations* of gastro-enteric inflammation exist or not, makes no difference, for they have agreed that it ought to exist, and it is therefore ordained that leeching, cupping, and fomentations over the abdomen, and mucilaginous drinks internally, is the only legitimate and philosophic mode of combating these fevers. As gastro-enteritis, is, according to this school, the essential malady, of, perhaps, ninety-nine in a hundred, of our ordinary diseases, the practitioner need not trouble himself in the investigation of symptoms; not even a thrust of the fist or fingers into the epigastrium, (unless it be to see how much pain can be given,) for he knows, beforehand,

that the seat of the disease is in the mucous membrane of the intestinal canal, and that is all he need care about, as being the most certain indication of the most rational course of treatment possible. "There is no practitioner," says our author, "who, having practised according to nosology, has not frequently treated fevers, pains, hypochondriasis, &c., without suspecting the existence of gastro-intestinal irritation." Truly, though no nosologist, we are among this very class of practitioners; and we do confess that we have treated many instances of the forms of disease, here mentioned, without suspecting the existence of gastro-enteric irritation, as the proximate cause of the morbid phenomena. We are consoled, however, by the reflection, that we have had a great many very clever companions on this high-way of error and empiricism; and we must own, that, like most other successful offenders, we feel exceedingly loath to mend our ways in this respect. This whole chapter is indeed little else than a vehement rhapsody against the practice of consulting the symptoms of diseases as the basis of our therapeutic indications. To a mind not warped by the ardor which seems to enkindle the disciples of the physiological school, the extravagant denunciations against those who adopt a different pathological creed, is, of itself, no inconsiderable indication of the weakness of their system, and their own consciousness of the difficulty of defending it against the solid weapons of reason and observation.

We agree, nevertheless, with our author, that "the nature of the disease, or that sort of vital modification, upon which the external morbid appearances depend, is to be the constant object of all therapeutical indications." This will be admitted by the most strenuous advocate for managing diseases according to the indications furnished by the symptons; for what can we ascertain concerning the "nature of diseases, or the vital modifications," which constitute their essence, but what is obtained from a contemplation and due estimate of their symptoms! When a disease is before us, we ca.efully examine all its obvious phenomena, and from these, determine, whether it is febrile, inflammatory, nervous, spasmodic, &c.; and from the same source we

decide, in what organ or structure the morbid actions principally exist. These then, namely, the nature and seat of the disease, if it be possible to come to any definite conclusions on these points, ought to be the constant objects of our therapeutic efforts; for it is only by removing these morbid conditions that we can hope to cure the malady. The general bearing of the curative indications, certainly rest on the ideas we form of the nature of the malady; yet the particular symptoms of the case are to be consulted, as guides for modifying and managing these indications to the greatest advantage of the patient. If we were informed that a patient labored under inflammation of the lungs, we would at once say that the indication is for an antiphlogistic treatment. But who would venture to prescribe the extent of the blood-letting, purging, &c., necessary, without having an opportunity of examining and watching the symptoms and cause of the disease, as important, nay, indispensible indicia for the fulfilment of the main indication drawn from the general character or nature of the malady.

In the fourth chapter the author discusses "*the circumstances which contribute to modify indications in the treatment of diseases.*" These circumstances relate to the age, temperament, sex, profession, habits, constitutional vigor or debility of the patient, and to the causes, seats, intensity, and periods of diseases. Each of these topics is treated of under a separate head at considerable length. In relation to the peculiar constitutional habit of very young subjects, the author makes the following observation, which is founded on correct observation and worthy of especial attention.

"It is important to remember, in the observation or treatment of diseases in young subjects, that their sympathetic functions are more active and susceptible, than in adults. Owing to the predominance of their nervous system, the irritations with which they are affected, may easily be complicated with unusual phenomena, and with violent over-excitements of the brain and its membranes. The stomach and intestines being then endowed with a greater vital energy, and exposed to the most powerful causes of disease, their irritation is very frequent, and

generally forms a complication of almost all phlegmasiæ. At the first periods of life, irritations are more rapid in their progress; the secretions furnished by irritated mucous membranes, have a singular tendency to coagulate into anomalous membranes, in a manner to obstruct the pasages in which they are situated.. In children derivatives act with more energy and efficacy than in adults, owing to the greater susceptibility of the nervous system, and to the facility with which their irrritations can be displaced.

In relation to the *temperaments*, M. Begin observes, that they consist in peculiar modifications of the animal economy, depending on the relative activity and development of the nervous, lymphatic or sanguiferous systems; or upon the predominance of one organ or set of organs. The former modifications are universally diffused throughout the organization, extending to every part where the system of structures, upon whose predominance they depend, are found; whilst the latter variety of physiological modifications act only through the medium of sympathy on other parts of the system.

"The predominance of actions which is limited to one or more organs, such as the heart, the lungs, the liver, the stomach, the genitals, the muscles, the articulations, &c., has the constant effect of converting those organs into as many centres, towards which all the sympathetic irritations converge, and in which they make their appearance. Stimulating agents, although they may operate on the remote parts, never fail to be felt by the most sensible and irritable organ. Thus in subjects where the stomach and kidneys are the seat of the predominant vital action, a violent moral excitement, a damp cold, or any other cause of a similar nature, will be sufficient to create a more or less acute gastritis or nephritis."

The author observes, more justly, that mere sympathetic irritations of an organ or structure, are by no means to be regarded of little consequence, and of easy cure. These local sympathetic irritations, though at first, mere functional derangements, with an altered state of the sensibility and irritability of the part, may soon degenerate into unequivocal inflammation

and its various consequences. Post mortem examinations have shewn, that the sympathetic irritation of the brain, from a primary irritation or inflammation of the gastro-intestinal mucous membrane, may, even in a few days, pass into a state of fatal arachnitis, and "give opacity and thicknes to this membrane." "The same takes place in sympathetic irritations directed on the pleura, the peritoneum, the synovial membranes, the lungs, and all the other parts." "I believe," says the author, "we may establish, as a fixed principle, that whenever those irritations have acquired a certain degree of intensity, and have existed for some days, they require the same treatment by emollients, &c., as if they had existed independent of any primary affection seated elsewhere. Thus, we are enabled to pursue the irritation wherever it makes its appearance: we wear it out, as it were, and extinguish it in whatever place it may resort to, and from whence it may irradiate to other parts."

In relation to the constitutional or accidental *debility* of certain organs in the system, the author makes the following judicious remarks. "In the generality of cases, at the same time that those organs are weakened, others enjoy an increase of excitement and energy, in such a manner that the economy becomes the seat of an unusual repartition (inequilibrium) of strength, which must be diminished by a decrease of the predominance of action in the over-excited parts, and increased in the others. In such cases, the physician must not consider exclusively the one or the other of these conditions; he must embrace the whole of the economy and restore the harmony between its different parts, giving strength to the latter and abstracting it from the former." An augmented or preternatural degree of excitability is always a consequence or concomitant of general debility. The equilibrium of excitement is easily destroyed, and exciting causes are much less easily borne, at the same time that violent local irritations are especially apt to be rapidly developed.

In relation to what Dr. Rush denominates "suffocated excitement, or what is more generally called an oppressed state of the vital energies, we cannot agree with the author in

ascribing it to an "excess of constitutional vigor." This oppressed condition of the vital powers is characterised by a sense of uneasiness and oppression in the thorax and abdomen, an indescribable feeling of anxiety, great prostration of strength, and a small, weak, but usually firm pulse. According to our own views, this condition is the result of general plethora, in conjunction with weak powers of vital resistance giving rise to the accumulation or congestion of blood in the large internal vessels of the thorax and abdomen. Oppressed action of the heart and arteries, is, however, not necessarily, or indeed, often preceded by any manifestations of actual *debility*. An individual may be constitutionally endowed with weak powers of vital resistance to the influence of exciting causes, and yet manifest no actual debility or feebleness of the vital functions. Oppressed or suffocated excitement of the heart and arteries, almost invariably occurs in the commencement of fevers, before the energies of the system have been reduced by the influence of the disease. So far as our observations enables us to judge, we should say, that the state of oppressed action is never observed except immediately after the primary stage of oppression—the chilly stage—which almost universally ushers in the febrile excitement of acute diseases. When the system is plethoric, and not constitutionally endowed with strong powers of vital resistance, the oppression of the vital energies during the initial or chilly stage of the fever, will be apt to be so great as to prevent the heart from propelling the blood, which is strongly congested in its chambers and in the large internal vessels, to the periphery of the circulation; its efforts will be oppressed, and a state of universal debility and inactivity will be the consequence. The only mode of relieving this state of oppression is to lessen the mass of the blood, and to solicit the circulation from the internal vessels. The late Dr. Rush—*clarum et venerabile nomen*—in his usual happy manner of illustration, compared this state of vital oppression, to a man, in health, pressed to the earth with a burden too heavy to bear. To enable him to rise and walk off wth his load you must remove a portion of it from his shoulders: and in the same manner to enable the heart to re-

sume its regular degree of action when thus oppressed, you must take off a portion of its load by venesection and suitable revulsives. It is of the utmost degree of importance, in a practical point of view, to distinguish this state of vital oppression occurring in the early stages of febrile diseases, before the energies of the system have suffered any actual impairment; and that state of oppression and congestive prostration which we sometimes meet with in the advanced stages of fevers of a low or typhoid character. The heart is liable to a sudden diminution of its powers by sympathizing with a nervous irritation primarily located in the alimentary canal. When this occurs the pulse becomes extremely feeble, the muscular system suffers great prostration; the countenance becomes pale and expressive of intense anxiety; the skin is cool and clammy; the sight obscure and confused; the patient manifests an extreme degree of restlessness by constant sighing and jactitation. This state of oppressed excitement is apt to occur in some forms of puerperal fever, and occasionally in the advanced stage of bilious and typhoid forms of fever. Blood-letting here would almost inevitably prove fatal, yet an active *cathartic*, followed by opiates, will often bring on an immediate development of the vital actions.

Actual debility is very rarely universal in febrile and other diseases. There are always some organs or structures in which there is an over-excitement, at the same time that others will be in a state of exhaustion or great feebleness of action. Hence in the treatment of fevers, our principal object must be to excite those organs which are weak and torpid; whilst the organs or structures that manifest too great a degree of activity must be repressed and soothed. It is in this way that we establish an equilibrium in the actions of the animal system, and, in a manner, place the various organs in a condition which enables them to aid each other in gaining their healthy conditions. We pass over the sections on the "*modifications relative to professions;*" the "*modifications relative to habits;*" and those relative to "*appetites.*" In relation to the general indications derived from the "*causes* of *diseases*," our author shews himself

again *tout a fait* Broussaian. The "physiological doctrine" he says, "teaches us to neglect certain occult hypothetical causes, that occupied so great a share of the attention of our predecessors, and which they attempted to reduce by the most injurious remedies. Hence the ideas of the pretended alteration of humours; of a peculiar gouty, rheumatic, or herpetic disposition, to which acute and chronic affections of the viscera were so often attributed, *have been totally exploded.* Here M. Begin calculates without his host. We are quite certain that there are still some physicians who do not believe that gout, rheumatism, and herpes are mere sympathetic phenomena of a *gastro-enteritis;* and who "dare to maintain," that there exists very peculiar and, they confess, occult causes in the animal organization, intimately concerned in the production of these affections. We have not space, in this article, to enter into a discussion on this subject; for we have as yet advanced but a short distance into our author's work; and there are a multitude of topics remaining, to which we may more profitably direct the readers' attention.

When speaking of the "modifications in the general indications of treatment arises from the seat of diseases," the author repeats a favourite maxim of Broussais, which is by no means generally applicable. "In inflammations of the membranes" he says, "we are not to carry general bleeding to the same extent as in those of the parenchymata." Does it require less direct depletion in inflammation of the pleura than in inflammation of the substance of the beings? The reverse is generally the case. Does acute inflamation of the bladder, of the stomach, and of the peritoneum not allow us to carry venesection to the same extent as is required in inflammation of the kidney, liver, or pancreas? Broussais has given us another maxim of this kind, however, to which we readily give our assent; namely, that blood-letting does not in general exert the same beneficial influence over inflammation of the *mucous membranes*, nor can it usually be carried to the extent, as in inflammation of the parenchymata and serous membranes.

M. Begin ridicules the idea, that the different stages of diseases require a variation in the treatment. "Since the time of Hippocrates," he says, "to the present day physicians have generally advocated the vague and irrational precept, that the treatment of diseases is to vary according to their periods. No rigid mind can read, without disgust, what the ORTOLOGISTS have written on this subject." We confess, readily, that we are among those who advocate this ontological, and to M. Begin, disgusting heresy. We were taught to pay especial attention to the stages of diseases, as all-important circumstances for the regulation of our therapeutic efforts; and a course of upwards of twenty years of experience, has deeply impressed us with the conviction, that in teaching others, we could not well inculcate a more useful principle than the necessity of paying a close attention to successive periods of acute maladies. We should deem the physician a very bold and ignorant practitioner, who would treat the stages of *excitement* and *collapse* of a case of malignant scarlatina, for instance, with the same class of remedies. The physician who would give wine, carbonate of ammonia, and other articles of this kind, in the stage of excitement of typhus, confluent small-pox, scarlatina maligna, &c., would be a most excellent contributor to the undertaker, but a most execrable counsellor to the patient; and yet these very remedies would in all probability constitute the best means for preserving the life of the patient during the last and sinking stage of the disease. We do not mean to dispute the well established position, that the most certain means for preventing dangerous exhaustion of the vital energies in the advanced stages of acute diseases, is a prompt and energetic employment of the most efficient antiphlogistic measures in the commencement and early period of the disease. But common sense and universal experience is opposed to the continuance of these means where collapse has actually supervened, at least without the concomitant employment of remedies calculated to sustain the vital powers. Our author compares the exhibition of tartarized antimony "in the commencement of pulmonary catarrh, to the vulgar practice of giving alcoholic stimulants, and other

heating sudorifics." Upon what facts and experience he is led to regard tartarized antimony as a "*perturbating* agent," analogous in its consequence to "alcoholic substances," require more sagacity than we can pretend to possess. We apprehend that Rassori, Thommasini and some of his own countrymen; particularly Laennec, and Fontancilles, would tell him that this assertion is an evidence either of extraordinary ignorance on his part, in relation to the proper powers of this article; or one of those senseless extravagancies into which zealots of all kinds are apt to be hurried, when descanting on the supreme excellence of their favorite doctrines. The alpha and omega, the whole, almost, of what, in the estimation of a disciple of the physiological school, is useful among therapeutic agents, consists in local and general depletion; mucilaginous diluents, laxative enemata, cold and warm aqueous applications, and the negative one starvation. From the beginning to the end of human maladies, and from the commencement to the *finale* of each disease, it is invariably *leeching*, *emollients*, *water gruel*, *lavements*, and *revulsives*. Most assuredly, these are inestimable, and often indispensable means; but we venture to affirm, that were Mr. Begin placed along side of one of our own well educated practitioners of the west, and contending against the furious attacks of our worst forms of autumnal fevers, he would find that, the ontologist of the back-woods, with his "incendiary means," his calomel and jalap, &c., would furnish no data by which the superior and permanent excellence of the physiological medicine would be illustrated.

In the fifth chapter, the author discusses the general character and modus operandi of our remedial agents. Under the head of "*the secondary or general effects of remedies*," the author makes several observations that require notice. Speaking of the extension of remedial impressions throughout the system, the author observes, correctly no doubt, that "the nerves are the immediate agents through which these transmissions take place. They first carry to the brain the impression received at their extremities, which are thence reflected through all the nervous ramifications, occasioning more energetic actions, either in the

whole constitution, or in some of the principal viscera. The sympathies excited by the action of remedies are always elective; that is to say, directed towards one or several organs, whose functions they excite or modify. Their effects vary, either according to the medicated organs which excites them, or to the nature of the impression of the remedy of that organ. Another very important consideration is, that the effects sympathetically produced by remedies, vary according to the inert, or the exalted state of the nervous system, and as the organ on which they operate, is either weakened, irritated, or healthy. If t e nervous irritability be diminished by long continued fatigue, the most considerable doses of stimulants will prove harmless. M. Dupuy has ascertained that by dividing the pneumogastric nerves of a horse, he was able to administer such large doses of nux vomica as would inevitably have produced instantaneous death, had not the operation been performed. Should the gastric irritation have subsided, it is expedient to increase the dose of medicines calculated to act by means of the sympathies. If, on the contrary, the stomach be irritated, its sympathetic influence on the other organs is perverted: digitalis ceases to moderate the action of the heart; anxiety, vertigo and giddiness, follow the administration of camphor and of all the other excitants; the vital action of the stomach is exasperated by all those substances, and the sympathies it exhibits prove no more than the sufferings of that viscus." Our author does not deny the absorption of some medicinal agents into the circulation. It is but a few years ago, that a learned professor in this country asserted, that "no one who has kept pace with the progress of our science, believes in the absorption of any remedies." At the present time, the application of this sentiment may with justice be reversed; for we may confidently assert, that there are few, if any, whose opinions are worth regarding, who do not now believe that many medical agents act upon the organization through the medium of the blood.

We are told by the author, that although when opium is taken into the stomach in tetanus and other similar nervous affections, its effects are often very trifling, or scarcely perceptible,

though given in enormous doses; yet when the same article "is injected into the veins," in the same disease, it will produce its usual narcotic effects. He ascribes the inefficiency of the medicine in the former mode of exhibition, to the powerful assimilating powers of the stomach, by which the remedy is decomposed, or in some way or other rendered less active. "It has been long established, he says, that when thrown into the rectum, in cases of nervous irritations, liquid opium will produce more effect than when given through the mouth. These facts seem to indicate that the absorption of medicines is sometimes indispensible for their operation."

The specific tendency of certain medicines to operate on certain organs or structures, is especially worthy of notice in a physiological point of view. This tendency is particularly illustrated by the effects that medicines have when injected into the veins. Thus emetics, purgatives, narcotics, diuretics, &c. always affect exactly the same organs when introduced into the circulation by artificial means, as if they had been introduced into the stomach. Dr. E. Hale asserts that he injected castor oil into his own veins, and that the consequences were the same as if it had been introduced into the stomach. We are much inclined to believe that too little attention is generally paid to the skin, the rectum, and the lungs, as avenues for the introduction of remedial impressions. When we reflect how generally the sensibility of the mucous membrane of the stomach is deranged; and how apt the action of the digestive powers of the stomach must be to alter the composition of medicinal substances—particularly those derived from the vegetable kingdom, we cannot but conclude that the influence of remedies must be much more liable to be weakened, or altered from their physiological effects, when taken into the stomach, than when applied to the skin with or without its epidermis, or injected into the rectum, or inhaled into the lungs. We have recently had an interesting example of the value of varying the mode of remedial application. A weak and delicate female, who suffered much from anomalous gastric pains of a neuralgic character, made several attempts to take opium in various forms; but it always produced so much general dis-

tress, and disturbance of the brain that she refused to take it again. She consented, however, to its external use, and we accordingly removed the cuticle by means of a blister about the size of a dollar, and applied a grain of morphia to the raw surface. The effects were delightful. The anodyne influence of the medicine were fully obtained, without the slightest inconvenience either during its operation or afterwards.

The seventh chapter treats of "*the classification of therapeutic actions.*" According to the author, "the excitement and depression of vital actions constitute the only means we possess of modifying the living organs in the state of disease." He affirms that there are no specific diseases, and consequently no specific remedies; but he seems to distrust his own opinion on this point, and at all events, offers but very lame arguments against the "ontological specificity" in pathology and therapeutics. "If," says the author, "the ontological specificity is to be banished from pathology and therapeutics, we should not overlook those facts on which it appeared to rest its foundation. Experience and daily observation teach us that among physical bodies, some operate especially on certain organs or tissues, which they always stimulate in such a manner as to produce constantly the same effects. Thus vaccine virus, the matter of syphilitic ulcers, masniati emanating from subjects affected with rubeola, variola, &c. are as many irritating causes which generally occasion phenomena identically the same in all cases. This property of constantly acting in the same manner, and on the same parts or organs is also met with in some medicinal substances. Sulphur, for instance, seems specifically to stimulate the skin; digitalis moderates the action of the heart; narcotics act generally in the same manner, in all cases, on the nervous system; mercury on the salivary glands, &c. Here we must evidently acknowledge a speciality of action; in other words, an irritation or debility constantly produced in the same manner, and on the same parts, *but there is no specific effect in them;* that is to say, those substances do not produce modifications, which would be neither excitement nor debility in the parts which are the seat of the stimulations occasioned by them." The sentiments involved in the latter part of this long extract,

are singular specimens of theoretical absurdities and nonsense. It appears to us that it would scarcely be treating the common sense of our readers with due respect, to offer them any arguments in refutation of these assertions. We are gravely told, that though there is a "speciality of action," there is no specific power in the articles mentioned; because, forsooth, they all produce an increase of excitement! Mercury has no specific powers: for although it produces an effect which no other known agent is capable of producing, it agrees with most other agents in being an *excitant!* But this is not all. To our astonishment, we find that our notion as to the reality of *specific diseases*, is but a mere ontological chimera! Measles, scarlatina, small-pox, and so forth, do not differ essentially or specifically from intermitting fever, gout, and hooping-cough! They are, all, nothing more than diverse manifestations of *gastro-enteritis:* differing only in the *greater* or *less* degree of local gastro-enteric irritation upon which they depend. According to this point in the Broussaian doctrine, a patient might successively pass through almost the whole catalogue of diseases, in the progress of a case of gastro-enteritis, from its use, to its acme and declension. But we will not waste our time in dwelling upon assertions and opinions repugnant to common sense and observation.

The *Second Book* commences with the consideration of the "*Debilitating means of predication.*"

The author observes—and correctly—that the indication for diminishing the vital actions is that which most frequently occurs in practice. He divides the means for fulfilling this general indication, into two orders. The first embraces the measures proper for removing all stimulants not necessary to the maintenance of life, or for lessening their action on the system; and sanguineous depletion. The second order for debilitating means, consists of those medicinal agents, which experience has shewn to be capable of diminishing the vital actions—such as nitre, digitalis, emollients, cold applications, &c. The observations of our author on the therapeutic application of cold, are in general judicious, and accordant with the experience of the profession. "In almost all cases, he says, to avoid too sudden and too violent a shock of intense cold, it may be well to precede

their employment by the application of water, the temperature of which will be lessened, until ice itself be used." From our own observations we are satisfied that this rule deserves particular observance, especially when cold is applied in the diseases of delicate and irritable subjects. In local inflammations great benefit may sometimes be derived from the application of intense cold. The author states, on the authority of Reuss, that we may often arrest the inflammation in the commencement of whit low, by holding the finger in melting ice, or very cold water and repeating it several times during the day. During the preceding winter we witnessed two examples of the complete success of this practice.

Local blood-letting, by *leeches* is the *remedium magnum* of the "physiological medicine;" and, it must be admitted, that we have very few means, that can rank in usefulness with capillary depletion, in diseases attended with local inflammations. The following remarks, on the hemorrhage which is apt to occur from the leech bites is particularly worthy of attention. An inattention to this circumstance, has, within our own observation, cost the life of a robust and charming infant. "There is no puncture of the size and depth of leech bites which can discharge so much blood. It has sometimes happened that when left to themselves they have occasioned serious and even fatal hemorrhages. Robust men, in the prime of life have been reduced to such a degree of paleness and debility that they appeared on the verge of dissolution. I have seen the blood run through a double matrass and a straw bed, from not more than twenty-five leech bites on the abdomen. Young people do not resist so well as others, hemorrhages of this nature. M. Pelletan relates the case of a child six years old, who died from the loss of blood, after the application of six leeches to the chest; the female attendants had done no more than wash off the blood as it flowed." We have already said that a similar accident occured in our own practice. Fifteen leeches were applied to the temples of a child about eight months old affected with arachnites. After the leeching was over, which was late in the evening, the child was laid in its cradle. Towards morning,

the mother found the child, pale, cold, and evidently in a dying condition. We were sent for; and on examination found the pillow and bed upon which the little patients' head rested completely saturated with blood. The child was expiring from exhaustation. "Cupping and scarifications occasion analogous phenomena; with this remarkable difference, however, that the loss of blood is not so great, nor so easily kept up and continued, and that the cutaneous irritation either during or after the operation is more intense than that resulting from leeches. In a word the former process is less depletive and more stimulant than the latter."

It should be observed, however, that very little or no advantage will in general result from capillary blood-letting, when the inflammation is intense, the patient robust and plethoric, and the action of the heart and arteries vehement. Under such circumstances general efficient blood-letting, is an indispensable preliminary measure to the employment of leeching or cupping. So long as the general momentum of the circulation continues to be considerable, the application of leeches to the afflicted part, will "almost inevitably increase the impetus of the blood to it, and augment the local affection." The irritation produced by the leech bites, is sometimes so great as to cause an injurious degree of inflammation on the surface to which the leeches are applied, "The skin becomes red, and somewhat tumefied. and each puncture forms the centre of an inflammatory disc, which, uniting with the adjacent ones, covers the whole surface of the part with an inflammatory crust, more or less extensive." The inflammation thus excited, is apt, when the inflammatory diatheses is considerable, to aggravate the general febrile symptoms, and to become the source of no small degree of inconvenience and injury. "It is, hence, always necessary that the letting out of blood from the capillaries be sufficiently considerable to counterbalance and prevent the inflammatory process which is apt to follow the operation. This precept admits of no exception. When the disease is intense, and the number of leeches is not sufficient it is not uncommon for them to prove inefficacious, and even to increase

the symptoms. We must therefore guard against this disappointment, by applying them in such quantity that they will prevent the subsequent stimulation which may be occasioned by the punctures."

Many very correct and useful observations are made by the author touching the therapeutic employment of capillary bleeding; but we find also in this part of the work, as indeed throughout, much in relation to the pathology of diseases that is wholly inadmissible, and untenable on any resonable grounds. Passing over the third and fourth chapters of this section of our author's work, in which are considered, "*debilitating medications applied to the organs of the senses*, and those "applicable to the genito-urinary organs," we stop to cull a few observations from the fifth chapter—"*On debilitating medications applied to the organs of respiration.*"

"Clinical observations" says M. Begin, "demonstrate that the most intense and obstinate pneumoniæ, and consequently the most dangerous, *frequently* succeed a violent gastro-enteritis, during which the irritation sympathetically carried to the lungs, becomes predominant in them, whilst that of the digestive organs thereby disappears." That pneumonia may sometimes occur in this way, is not at all improbable; but the assertion that this is a *frequent* occurrence, is most assuredly not warranted by observation. We are perfectly aware that slow pulmonic irritation passing ultimately into inflammation and disorganization may, and, indeed, not unfrequently does, arise in consequence of continued gastro-intestinal irritation; and hence the frequent development of phthisis pulmonalis in scrofulous habits, from dispeptic irritation of the stomach. The sympathy between the lungs and skin, appears however, to be much stronger than that which subsists between the former organ and the alimentary canal. It is on this account that cutaneous irritations are so apt to manifest an influence on the mucous membrane of the lungs;" that the repulsion of acute and chronic eruptions of the skin so frequently cause di-ease of the respiratory organs; and that after violent excitations of the vessels of the surface, or during an active state of the cutaneous

exhalents the sudden application of cold is so liable to give immediate rise to serious pectoral affections.

The means by which we may "debilitate the organs of respiration," in other words the means by which we may lessen the vascular inflammatory excitement of the organs, as stated by the author are, "1. lenient drinks. 2. evacuations of blood; 3. emollient fumigations, and various substances which are sometimes used in the form of vapour; 4. calming and sedative applications on the external surface of the chest;" and to these we would add counter irritating revulsives; and various sedative remedies, such as tartar emetic, digitalis, nitre and cathartics, &c. In speaking of emollient diluents, the author, observes: "we must here notice the errors into which empirics have generally fallen, in prescribing *hot* pectoral emollients. These liquids should not be given cold, even in the most acute phlegmasiæ." In this remark, we entirely agree with our author, only, that we should not regard it as an evidence of empiricism to differ from us in this opinion. The author seems to think very highly of the "broth of frogs and snails," as an emollient drink for this purpose; in this country we apprehend, it would be ranked by most patients under the head of *emetics*.

The sixth chapter is devoted to the consideration "of debilitating medications applied to the alimentary canal." As irritation of the mucous membrane of the alimentary canal, is, according to the physiological doctrine, the *fons et origo* of, perhaps, nine tenths of all human maladies, "the debilitating medications" of this structure constitutes incomparably the most important subject in the therapeutics of this school. Speaking of the extensive sympathies of the digestive tube, the author observes, that the portions of this organ that are above the cardia, and below the cœcum, "are under the laws common to the whole organization, and present no prominent character with respect to the sympathies which they excite." In relation to the part below the cœcum, this observation does not appear to us entirely correct. Irritation of the rectum from ascarides and other causes, is apt to give rise to various sympathetic phe-

nomena, manifesting very lively susceptibility, and range of sympathetic relations. Unquestionably, however, the mucous membrane of the stomach and small intestines predominate, in this respect, over every other organ and structure of the animal system. The stomach, especially, appears, in its susceptibilities of receiving and propagating sympathetic excitements, like a subordinate *sensorium commune*. In addition to these obvious physiological properties of the mucous membrane of the alimentary canal, Broussais, has ascribed to it another one which it was necessary to assume, in order to give a plausible consistency to the gastro-enteritic etiology of certain febrile affections. He asserts, namely, that all morbific impressions made on any part of the body, with sufficient force to produce fever, are in the first place conveyed to the brain, and thence reflected to be "repeated" and firmly established in the mucous membrane of the stomach and small intestines. When a patient, for instance, inoculated with small pox virus, the irritation which, after a few days, is produced in the point where the virus was inserted, is conveyed by the nerves to the brain; the brain then reflects this irritation upon the mucous membrane of the stomach and intestines, where it speedily establishes a high degree of capillary irritation or inflammation. Thus gastro-enteric inflammation now radiates its irritations throughout the system, rouses the heart and arteries into febrile reaction, and, after some time, a kind of critical metastasis of the irritation takes place from the alimentary canal to the skin, where it causes the variolous eruption. Cold, in giving rise to ordinary synochal fever, is said to produce an impression upon the surface of the body. This impression is conveyed to the brain, and thence reflected upon the mucous membrane of the stomach and bowels, where it establishes a certain degree of inflammation, which then becomes the immediate source of all the febrile phenomena. Now this supposed connexion between the brain and the intestinal mucous membrane,—the assertion, that all irritations made on the periphery of the nervous system, after having been transmitted to the brain, are reflected and *repeated* in the gastro-mucous membrane, passing almost immediately into inflam-

mation, is nothing more than a gratuitous assumption,—a physiological dogma, adopted, manifestly, as a principle necessary to the consistent construction of the gastro-enteritic hypothesis. We do not mean to deny that, impressions made on any part of the body are conveyed to the brain, and that this organ reflects them throughout the nervous system. But we demur at the assertion, that these reflected cerebral irritations are exclusively directed upon the mucous membrane of the stomach and bowels. We presume that every organ and structure is susceptible of receiving them; and that the part in which they chiefly manifest themselves, depends on the accidental debility or state of irritability of this or that organ or structure. We would maintain also, that impressions thus reflected, very rarely give rise to inflammation in a direct manner; but that they cause, simply, more or less functional disorder, or weakness and irritability in the part, which, on the supervention of the febrile reaction, may readily pass into inflammation. But we have not space to pursue these observations. The author gives "the following debilitating applications as applicable to the digestive canal: 1st. Abstinence from all excitants, both in food and liquids; 2d. Drinks capable of lessening vital action in the mucous membrane of the stomach; 3d. Emollient applications to the abdomen; 4th. Local, capillary blood-letting; 5th. Cold, both externally and internally." These, then, in conjunction with general blood-letting, constitute the therapeutic means for combatting typhus, bilious, synochal, yellow, and all other forms of fever, and which, our author urges, to the entire exclusion of "that routinous polypharmacy," such as purgatives, emetics, calomel, antimonials, &c. We certainly do not mean to deprecate the "debilitating medicines" enumerated by our author; on the contrary, we are entirely convinced that they are among the best curative means we possess, and in many cases, are indispensible to the successful management of the disease in question. We need not adopt the Broussaian etiology of febrile diseases, to give full importance to these remediate measures which they unquestionably possess. In many instances of every form of fever, more or less inflammation of the mucous

membrane of the stomach and bowels is apt to occur in the course of the malady. Not unfrequently we find, in the ordinary autumnal and winter fevers, the abdomen to become distended, tense, and painful to pressure, accompanied with watery stools, of a reddish and flocculent appearance, at the same time that the skin is dry, harsh, and very hot, and the margin of the tongue red and raw. Here, most assuredly, leeching and revulsives to the abdomen, with mucilaginous drinks, &c., and an abstinence from active purgatives, and the usual saline antiphlogestic preparations, is to be regarded as the appropriate course of remedial management.

Our author thinks that cold, both internally and externally, has not been sufficiently resorted to by physicians in gastro-enteritis, peritonitis, and other abdominal affections. "The most violent forms of gastro-enteritis have often been successfully treated by cold drinks. Crillo, of Naples, gave two pounds of water every two hours, and prescribed a most severe diet in cases of fever; he persevered in this treatment until the appetite returned, and indicated a sensible improvement. Some German physicians have related numerous cases of fevers successfully treated by cold drinks. In cases of actual inflammation of the mucous membrane of the stomach, we are disposed to place no small degree of reliance on the use of cold water. Some ten months ago, we attended a black man, laboring under acute gastritis, attended with the ordinary symptoms of this affection. We directed him a wine glass full of ice-water, every half hour. He expressed himself greatly relieved by this indulgence, and it evidently exerted a very excellent effect upon the inflamed organ.

That the therapeutic principles, and particular remedial applications inculcated by Broussais and his followers, are very judicious in reference to *actual inflammation* of the mucous membrane of the alimentary canal, no one will dispute. The question at issue, however, is whether the same means are applicable to fevers generally, to the exclusion of purgatives, emetics, calomel, &c., under the assumption that these affections are only different modifications of gastro-enteric inflammation. "What

authors have called bilious or gastric fevers," says M. Begin, "are nothing else than more or less violent irritations of the stomach, accompanied with secondary excitements of the liver; and the means recommended against gastritis, are sanctioned by daily experience. All laxatives are to be condemned in such cases. None but blind humorists could have established those barbarous indications consisting in the expulsion of bile, mucous, saburral obstructions, and other matter. Let candid physicians compare the result of the phisiological method, with those obtained by that perturbating incendiary or evacuating treatment so generally employed in fevers, and let them decide." If our author be correct in these remarks, it may be considered as a most extraordinary circumstance, that the physicians of this country, and particularly our western brethren, who prescribe so freely all these "incendiary evacuations;" nay even calomel and jalap, and perchance tartar emetic, salts, and nitre, do nevertheless cure their patients, on a fair comparison, as often at least, and we venture to say oftener, than the most rigid advocates for the exclusive employment of emollients, leeches, fomentations, &c., can claim.

Even admitting, however, that the gastro-intestinal mucous membrane is always peculiarly irritable and prone to inflammation, in fevers of this kind, it appears to us that there is much more reason to apprehend the production of inflammation from the constant and long-continued impressions of the acrid and vitiated secretions collected in the bowels, than from the occasional transient excitement caused by a purgative. We constantly read in the accounts of the post-mortem examinations published in proof of the "physiological doctrine," that the contents of the bowels were filled with very offensive matter—pungent and acrid (*Bouillant*) fluids. But we are told that these acrid secretions are quite harmless. "Nature," says an ingenuous American disciple of this school, "finds but little difficulty in getting rid of them. The product of a certain condition, these secretions bear most generally a relation to that condition, whether it be natural or pathological; and when the two are in the same relationship, the secretions, however morbid, can-

not react injuriously on the organs." But how, we would ask, can the vitiated secretion of bile by the liver, be in relation with the mucous membrane of the bowels? We might as well say that the saliva is in relation to the conjunctiva of the eyes in a case of catarrh. Altogether, this pretended relation between the secreting surface in a state of disease, and its secretions, appears to us very questionable. Be this as it may, however, we must observe, in relation to the point under consideration, that the acrid contents of the bowels is by no means wholly the product of secretion. The fluids, taken in and mixed up with those furnished by secretion, not being subjected to the ordinary antiseptic powers of the digestive organs, readily enter into chemical changes, giving rise to various acrid and irritating combinations, which cannot be in relation with the mucous membrane of the alimentary canal. But we have already extended this article to a greater length than we at first intended; and, although there are materials remaining in the work before us for much discussion and criticism, we find ourselves obliged to stop short, as the translation is wretchedly executed.

J. E.

ART. XI. *An Essay on Venereal Diseases, and the Uses and Abuses of Mercury in their treatment. Illustrated by drawings of the different forms of Venereal Eruptions.* By RICHARD CARMICHAEL, M.R.I.A, Vice-President of the Royal College of Surgeons in Ireland, and one of the Surgeons of the Richmond Surgical Hospital, Dublin, &c. &c. &c. *With Practical Notes, &c.* By G. EMERSON, M. D. Philadelphia: Judah-Dobson and A. Sherman, 1825.

HENNEN's *Military Surgery*—observations on Syphilis.

Most of our readers are aware of the investigations which have lately been made upon the subject of syphilitic and venereal diseases, and how completely these researches have eventuated in the overthrow of principles which, under the author-

ity of Mr. Hunter, have governed the practice of physicians since his day.

The first of the writers at the head of this article, attempts a more full and definite classification of the diseases which resemble syphilis, and which have hitherto been confounded with it. Mr. Hunter was led from his own observations to suspect that many affections resembling syphilis, both in the primary and secondary symptoms, and in their general course were in reality very distinct diseases. The enquiry was extended by Mr. Abernethy, who added many new observations and threw great additional light upon the subject; but the principles at which these gentlemen arrived were necessarily defective and indefinite, on account of their assuming mercury as the test of syphilitic diseases.

Mr. Carmichael while surgeon to the Lock Hospital in Dublin, enjoying ample opportunities for an investigation of this kind, devoted himself assiduously to ascertaining the nature of the pseudo syphilitic diseases, and the relation in which they stand to syphilis, and the other contagious diseases.

The fact that the various exanthematous diseases, not only the small pox, and the measles, but the yaws a disease common among the slaves in the West Indies, the sivvens a disease frequently met with in Scotland, and other analogous diseases met with among the natives of Sweden, Canada, and Ireland, pursue a uniform course, would justify us in expecting, a priori, that the varieties of the venereal disease do not arise from a single poison whose effects are modified by accidental circumstances growing out of the constitution, climate, mode of life, &c. In accordance with this presumption Mr. Carmichael thinks he has established the fact, that there are three varieties of the venereal disease, arising from a specific infection, and running through a distinct and well defined train of symptoms, that are very different from those of the true syphilitic disease.

In selecting a symptom for the purpose of characterizing these forms of disease he has fixed upon the cutaneous eruptions, as less liable to be affected by constitutional derangement, local irritation, or errors of treatment.

The principal objection to this classification is, that the secondary symptoms upon which it is founded, in a majority of cases, do not occur. The primary ulcers, form a ground of distinction less accurate, but when unaltered by irritation or mercury, sufficiently certain to enable us to predict the nature of the eruption likely to follow them. The ulcers in the throat, from their uncertainty, he rejects from the diagnosis almost entirely,

The following synopsis gives his classification and his view of the treatment appropriate to each variety.

SYNOPSIS.

I

PAPULAR VENEREAL DISEASE.

Primary Symptoms.	*Remedies.*
1. The simple primary ulcer, 2. Patchy excoriation, attended with a discharge,	Astringent washes. Antimonials. Purgatives.
3. Gonorrhœa virulenta,	Astringent washes. Antimonials. Terebinthinates.
4. Buboes,	Leeches. Cold applications. Blisters. Poultices.

Secondary symptoms.	
1. Papular eruption, preceded by fever, and ending in desquamation,	General blood-letting to be adopted when indicated by the fever, and proportioned to its degree. Antimonials. Sarsaparilla.
2. Erithematous inflammations of the fauces,	*Mercury unnecessary in any stage; and highly injurious until the eruption desquamates, the fever is subdued, and the disorder is evidently on the wane; and then an alterative course of antimony and calomel may occasionally accelerate the cure.*
3. Swelling of the tonsils and glands of the neck,	
4. Pains in the larger joints resembling rheumatism.	

3. Iritis.	*Full mercurial affection of the system until the inflammation is subdued.* Local bleeding. Blistering.

II.

PUSTULAR VENEREAL DISEASE.

Primary Symptoms.	*Remedies.*
1. The ulcer with elevated edges, without induration.	Astringent washes. Antimonials. Purgatives.
2. Buboes.	The same treatment as for the buboes in No. I. Excision of the undermined edges of the Bubo.

Secondary Symptoms.	
1. Eruption of pustules in general phlyzacious, preceded by fever, and terminating in ulcers covered with thin crusts that heal from their margins, and when the disease is on the wane, the eruption desquamates into scaly red blotches.	General blood-letting, as in No. I. Antimonials. Sarsaparilla. Guaiacum. Tar Ointment. Baths of sulphurated kali. Sulphureous fumigations. Nitro-muriatic acid baths. *Mercury is decididly pernicious until the pustules terminate in scaly blotches instead of forming ulcers; and then mercurials, in alterative doses, conjoined with sarsaparilla or guaiacum, may occasionally be employed with benefit.*
2. Ulcers on different parts of the fauces, in general of a white apthous appearance.	The same general treatment, conjoined with the following local applications: Common detergent gargles. Mercurial gargles. Oxymel Æruginis. Fumigations of Hydrarg. Sulphuret. rub. or of Hydrarg. cum Creta.

3. Pains in the joints.	The same general treatment, conjoined with the following local applications: Leeches. Fomentations. Bread and water poultices. Blisters. Ointment of tartarized antimony. *Mercury is to be particularly avoided while inflammation of the knee exists.*
4. Nodes.	The same general treatment, conjoined with the following local applications: Leeches. Bread and water poultices. Blisters. Ointment of tartarized antimony. Division of the periosteum. *If the preceding remedies prove inefficient, mercury may be of advantage, provided the general disease is on the wane.*

III

PHAGEDENIC VENEREAL DISEASE.

Primary Symptoms.	*Remedies.*
1. The phagedenic ulcer,	Bread and water poultices with opium occasionally added. Warm fomentations. General blood-letting, proportioned to the acuteness of pain, inflammation, and symptomatic fever. Antimonials in nauseating doses.
2. The sloughing ulcer.	Opium, Cicuta, Hyoscyamus — in full doses. Purgatives.
3. Buboes.	The same treatment as for buboes, in No. II.

Secondary Symptoms.

1. Eruption of tubercles, or spots of a postular tendency, or both intermixed, preceded by fever, and terminating in ulcers covered with thick crusts, which often assume a conical form, healing from their centre, and extending with a phagedenic margin. When the disease is on the wane, they desquamate like those of No. II. into scaly red blotches. The disease is attended with great debility, particularly when the ulcers are extensive.	General blood-letting, as in No. I and II. Antimonials. Sarsaparilla. Guaiacum. Compound powder of ipecacuanha. Opium. Cicuta. Nitrous acid. Nitro-muriatic acid bath. *Mercury, (with the exceptions noticed below) increase the ravages of the disease in all its stages, but the last. It may then be given with safety and advantage, as in No. II.*
2. Ulcers on different parts of the fauces, and particularly the back of the pharynx, frequently engaging the entire fauces, and sometimes extending to the larynx and nares.	The same general treatment, conjoined with the following local applications. Oxymel Æruginis. Strong solution of muriate of mercury, or nitrate of silver. Fumigations of Hydrarg. Sulphuret. rub. or of Hydrarg. cum Creta. *If these should prove inefficient, mercury may be used largely with advantage in checking the progress of the ulceration, even though it should exasperate the general disease.*
3. Ulceration and thickening of the larynx.	Caustic issues or applications of moxa on each side of the thyroid cartilage. Tracheotomy.
4. Ulceration, and caries of the nose.	The same general treatment, with the yellow and black mercurial washes frequently injected into the nostrils. Fumigations of the Hydrarg. Sulphuret. rub. or of the Hydrarg. cum Creta through the nares. *If these remedies fail, mercury may be used as above.*
3. Pains of the joints.	The same treatment as in No. II. for the same symptom.
6. Nodes.	The same treatment as in No. II.

IV

SCALY VENEREAL DISEASE.

Primary Symptoms.	*Remedies.*
1. The chancre, or callous ulcer. 2. Bubœs.	*Full courses of mercury for both primary and constitutional Symptoms, except a tendency to phthisis pulmonalis or other delicacy of constitution should forbid them*
Secondary Symptoms.	
1. Eruption of Scaly blotches, presenting either the character of lepra, or psoriasis, and unattended with any obvious degree of fever.	*Mercury.*
2. Excavated ulcers of the tonsils. 3. Pains in the joints, tibiæ, cranium, &c. 4. Nodes.	The same local remedies as prescribed for the several symptoms in No. II.

The ulcer which exists as the primary symptom of the papular form of the disease, is a simple ulcer, distinguished by negative characters—without induration, elevated edges, or phagedena. These ulcers gradually rise above the surrounding skin, exhibit a smooth surface of a healthy color, but without granulations, and of a fungous appearance. They cease to spread as soon as the fungous stage commences, and the average period of their continuance is from three to six weeks. They are more frequently met with upon the glans, or the internal surface of the prepuel, in which situation they frequently occasion phymosis, but they often appear also on the body of the penis, or the serotum, in which last situation they are so much elevated as to resemble fungi or soft warts.

From the simultaneous occurrence of two or even all three of these primary symptoms, Mr. C. infers that they arise from the same poison. This opinion is confirmed by the fact, that the same papular eruption follows them, and that men have

caught the two first symptoms from those who exhibited no other form of the venereal disease than the last.

Mr. C. attempts to account for the fact of gonorrhœa not occasioning secondary symptoms more frequently by the analogy of the variolous and vaccine disease, in which we observe that, as the fluid in the pustule assumes the form of pus, it loses its specific character, and either fails to communicate the disease, or imparts to it one of a specific character. He therefore considers the facility with which the mucous surfaces take on inflammation, as a provision of nature to supply the defect of a cuticle, and prevent the introduction of poisons into the system. Mr. Travers, who admits that secondary symptoms arise from gonorrhœa, thinks they never take place so long as the surfaces preserve their integrity, but occur only as a consequence of ulceration of the mucous surface.

The following extracts will give an idea of the constitutional symptoms:

"The CONSTITUTIONAL SYMPTOMS of the papular venereal disease consist of more or less of fever, attended with pain in the head, shoulders, and larger joints; and sometimes pain in the chest, with considerable dyspnœa, which ushers in an eruption that chiefly appears on the forehead, chest, and back, but also extends in a more scattered way over the extremities.

The fever does not subside on the appearance of the eruption, although it is at its height just previous to that event. It exists as long as fresh crops of the eruption continue successively to appear, and is usually accompanied with pains of the several joints, which are most severe at night.

The papulæ vary from a pale red to a deep crimson. Some of them are simply pimples, while others are almost advanced to the pustular form. * * * They do not all make their appearance together, as in the eruptions of the exanthemata, but follow each other in succession; so that on the same patient some spots will appear in their commmencement like small pimples; others, which have arrived at maturity, form larger pimples, with acuminated tops, containing pus or lymph; while others, on their decline, consist of exfoliations of the cuticle. Their color, in their latter stages, becomes paler, and assumes a copper tint, while the exfoliation of the cuticle gives an appearance of scaliness, a state in which it is most liable to be confounded with the scaly eruption of syphilis. But they may be readily distinguished from each other; for when the papular eruption is on the decline, and has assumed a pale red or copper color, on examining the patient we shall find other spots in their papular or pustular form,

which will at once point out the character of the eruption. But the very appearance of the declining papulæ will, to a discriminating eye, be sufficient for this purpose; for its copper-colored scaly surface is more raised in the centre than its circumference, while the reverse is the case in the scaly leprous eruption of syphilis. * * * The soreness of the throat is different from that which takes place in syphilis, in which there is a deep excavated ulceration of the tonsils, with little inflammation or difficulty of deglutition. In this disease, on the contrary, the patient complains of considerable soreness, and difficulty of swallowing; and, on examination, the entire fauces, but more particularly the back of the pharynx, exhibit an erithematous appearance, and not unfrequently with considerable swelling of the tonsils, which assume, as they always do when swelled, an irregular appearance, that is often mistaken for ulceration. The cervical glands also frequently swell and ulcerate in this disease, but more frequently when the eruption is on the decline. * * * The eruption, after having wholly disappeared, will, in some few instances, return again and again, at uncertain intervals, of from one to several weeks, each successive crop, however, being less than the former, and attended with less constitutional derangement. The intervals between those attacks are also greater, as the disease exhausts itself, or yields to the powers of the constitution. But if the progress of the disease has been interrupted by mercury, before it has arrived at its latter stages, it becomes more obstinate and complicated than it would otherwise have been."

In the advanced stages of this form of the disease, especially if the eruptive fever have been superceded by mercury, or if the eruption have been repelled by cold, inflammation of the iris is a very common attendant. The author states that, in the whole course of his practice, during several years of which he has been surgeon to a hospital appropriated exclusively to venereal cases, containing an average number of from 280 to 300 patients, and also to an extensive eye dispensary, he has seen but one case of venereal iritis accompanied by an eruption, in which that eruption was not papular.

One of the characteristics of this form of venereal disease is the absence of nodes. In a few cases, swellings do indeed occur in the course of the tibia, but they differ from nodes in possessing more of the inflammatory character, and affecting the integuments and not the bone, appearing suddenly, and disappearing as rapidly, without the exhibition of mercury.

With regard to the treatment of this papular form of the disease, our limits permit us to do little but refer our readers to the synoptical view. In this, which Mr. C. considers by far the most frequently met with, embracing, in his opinion, at least three-fourths of the patients, mercury is useful merely as an adjuvant in the advanced stages, and then, only as an alterative. The following extract will give a more extended view of the author's general treatment.

"In fine, our object in the treatment of the constitutional disease under consideration should be,—1st. To moderate the action of the system, if the fever which attends and accompanies the eruption should be violent.—2dly. After the fever is considerably lessened, or subdued, the exhibition of sarsaparilla, either alone or combined with antimonials, affords the most safe and efficacious mode of treatment. The action of sarsaparilla, particularly when assisted by antimonials, is to increase all the secretions; and these must not be checked, particularly that of the skin, by imprudent exposure to cold. The diet of the patient may be light and nourishing, but not heating or stimulating, and he ought to increase the quantity of mild diluting drinks he is in the habit of taking, which will assist the action of sarsaparilla on the skin and kidneys. The practitioner himself should be observant that this medicine is carefully prepared, and of a good quality. Not only boiling water extracts the virtues of sarsaparilla, but lime-water is supposed, by acting on the cortical part, to be equally efficacious.

3dly. When the eruption has declined, no new spots appearing, and and those that remain all desquamating or scaly, while the patient still complains of lingering pains in his head, elbows, hips, and knees, the disease being obviously on the wane, it may now be subdued altogether by alterative doses of mercury conjoined with antimony, for which object the compounded calomel pill of the London Pharmacopœia affords an excellent example; and with this medicine the sarsaparilla may still be continued, either in the form of decoction or infusion."

We make one more extract to impress upon our readers the diagnosis between the papular venereal, and the syphititic diseases.

"In the papular venereal disease, the eruptive fever is more strongly marked than that of syphilis; and, in many cases, is so acute as to require repeated blood-lettings. The eruption is not scaly, like that of syphilis, but papular, disappearing and recurring repeatedly. The affection of the throat is not a deep ulceration of the tonsils, but an inflammation and superficial excoriation, or rawness of the fauces,

but particularly of the posterior part of the pharynx. The pains do not affect the centre of the long bones, but the large joints. This disease is not attended with nodes, but inflammatory swellings of the integuments have been mistaken for them, which occur suddenly, and as suddenly disappear, without the assistance of mercury."

The 4th chapter of Mr. C's work is devoted to *the pustular venereal disease*. This disease, Mr. C. remarks, both in its primary and secondary symptoms, forms a link between the papular and phagedenic venereal diseases, being more obstinate than the one, and destitute of the malignity and destructive tendency of the other. The following is his description of the primary symptoms.

"The primary ulcer of this disease is characterized by a reddish brown surface, which borders closely on the phagedenic character. Its edges are raised, and well defined. It is not excavated, but is either on a level with the surrounding skin, or considerably raised above it. At its commencement it appears in the form of a small pustule, attended with itchiness of the part.

It may be distinguished from the primary ulcer of the papular disease, by its well defined and elevated edges, and also by the absence of the smooth fungous appearance which characterises the second stage of that ulcer. From the phagedenic primary ulcer to be described in the next chapter, it may be distinguished by its well-defined margin, and from the absence of the irregular and corroded-like surface of that ulcer, and also by its exemption from the painful and acute symptoms by which the phagedenic ulcer is characterized. It may also be distinguished from chancre by its want of the callous edge and base which always attend that ulcer. The ulcers of which we are treating, are most frequently found on the external surface of the prepuce, body of the penis, and occasionally on the scrotum, and occur from the size of the smallest pea, to that of a shilling. Of the former size they frequently form a circle round the orifice of the prepuce, and occasion, when the ulcers heal, a permanent phymosis, which can only be removed by the knife. They are, in general of a chronic nature, and evince but little disposition to spread."

The buboes arising from this virus resemble the primary ulcers in their tendency to form projecting or undermined edges, which are so very indolent that the most powerful caustics are insufficient for their removal, and Mr. C. invariably resorts to the knife for that purpose.

Full courses of mercury always increase their disposition to burrow. Stimulating applications to the ulcers do no good, and

if the ulcer is irritable, encourage it to extend. Rest, with gentle astringent applications, or mild ointments are all that is requisite.

This form of venereal disease frequently manifests a disposition to run into the preceding one; the pustules are frequently connected with papulæ, which terminate in desquamation instead of the superficial sores covered with thin scaly crusts, which characterize the pustular form of the disease. And Mr. C. remarks, that the more closely the eruption resembles the papular variety, the more mild, manageable, and yielding will the disorder be found.

Chapter V. *Phagedenic Venereal Disease.* The primary symptoms of this form of the disease are the *phagedenic ulcer*, and *the sloughing ulcer*, of which the author gives the following description.

"The phagedenic ulcer, as its name implies, has a corroded appearance, and neither exhibits granulations, or surrounding induration. It spreads sometimes with rapidity, causing the most destructive havoc in the course of a few days; and in other instances creeps on slowly, healing in one part and making progress in another; but unlike a chancre, instead of being checked by mercury, it is almost always rendered more inveterate and rapid in its progress by that mineral. It more frequently attacks the glans penis than any other part; but the ulcer usually proceeds to affect the prepuce, which it often entirely consumes, and continuing its depredations on the corona and glans, at last effects their total destruction. When this event takes place, the ulceration usually receives a sudden and permanent check. At other times, a spontaneous hemorrhage, owing to the destruction of the coats of an artery, occasions a favorable change. More rarely it happens, that notwithstanding every anodyne and lenient application, the ulceration will gradually proceed, until the entire penis is destroyed. There is also another characteristic of this ulcer worthy of remark, viz., the frequent return of ulceration, after the part has healed, to the very same spot which was at first affected.

The sloughing ulcer is still more untractable and destructive than the phagedenic: but the surgeon has seldom an opportunity of seeing its commencement, as the disease excites so little uneasiness at first, that, in general, its attack is unobserved even by the patient, until it has existed for several days. A small black spot that resembles a grain of shot in color as well as in size, is its first appearance; which if seen by the experienced eye of a surgeon, even at this early period, will at once be recognized as a slough or mortification, extending to some depth below the surface. The slough will continue to increase,

sometimes, to only three or four times its original extent, and at others until it engages a considerable portion of the penis, before a line of separation can be observed between the living and the mortified parts. When the separation at length takes place, we do not find a clean granulating sore, as occurs in simple mortification; but a corroding phagedenic ulcer, which begins a new kind of depredation on the surrounding parts, equalling the virulence but not the rapidity of the sloughing process by which it was preceded.

Suddenly those parts are attacked by severe pain, and afterwards assume a bluish cast, and on the following day they are found to be covered by a slough; and in this way this destructive malady continues to extend its ravages by alternate sloughing and ulceration, until in one sex the entire penis, scrotum, perineum and pubes are destroyed; and in the other, until the labia, nymphæ, vagina, anus, nates, and I believe, even the bladder and uterus, are engaged in one extended and malignant state of putrefaction."

The author remarks that it is often difficult to determine with precision the character of these ulcers, since the improper exhibition of mercury, neglect, or irritation, may cause any venereal disease to slough, and ulcerate. It is therefore of the utmost importance to ascertain whether this disposition existed from the commencement, or has arisen from some accidental circumstance.

Buboes rarely attend this form of venereal disease. Before ulceration, they exhibit no peculiar characters, but afterward they partake of the general malignity of the disease.

"The edges of the ulcer become undermined, jagged, and irregular; and there is no chance of inducing them to cicatrize until these projecting edges are removed, which may be done either with caustic or with the knife; the latter is the mode I always prefer as the least painful and tedious."

The constitutional symptoms are

"*First*, An eruption of tubercles, pustules, or spots of a pustular tendency, which quickly degenerate into ulcers covered with thick crusts, that usually heal in a peculiar manner from the centre, while at the same time they are extending at their circumference with a phagedenic border. This eruption is often ushered in by a high degree of fever, which is lessened, but not altogether removed on the appearance of the eruption. Sometimes the patient will complain of being generally unwell, for a considerable period preceding the eruption, without being able to state any particular symptoms to account for his indisposition: however, a general listlessness, pallid counte

nance, languid eye, and broken rest, sufficiently evince that he is neither fanciful or hypochondriacal.

In other instances, severe nocturnal head-achs, with tenderness of the scalp, or slight dyspnœa, with tenderness of the sternum upon pressure, and general soreness of the chest, afford to the wary practitioner the first intimation that a venereal taint may be present, and induce him to make further enquiries bearing upon this point. The premonitory symptoms may undoubtedly usher in the eruption of any of the other forms of venereal disease, but repeated observation enables me to state, that they are more severe in the phagedenic, than in any other form of venereal complaint."

Mr. C. thinks it probable that the reason that these ulcers heal from the centre is, that the skin being destroyed, the cellular membrane not being involved in the disease, throws out granulations, which cicatrize as under other circumstances.

"*Second.*—The ulceration of the throat which attends the phagedenic disease, is of a most formidable nature; according to my experience, it commences in the form of a small white apthous-looking sore, which usually attacks the velum, or posterior part of the pharynx, but more frequently the latter. It sometimes, but more rarely, commences in other parts of the throat. If not checked in its progress, wherever it may arise, it rapidly engages the entire of the pharynx; extending upwards, the nares become affected, followed too frequently by caries, and exfoliation of the spongy bones, and tenderness of the ossa nasi, with a foul discharge from the nostrils. This ulcer, in its progress towards the mouth, also affects the tonsils with a similar ulceration; and seizing upon the velum, and uvula, rapidly destroys them. So that in looking into the mouth of a person in this lamentable state, there appears one vast continuous ulcerated cavity, covered with a white viscid matter, and extending from the palate to the lower part of the pharynx."

Mr. C. has never witnessed a recovery where the larynx was decidedly attacked with ulceration; the patient invariably dying, with all the concomitants of phthisis. The disease frequently extends to the nose, causing exfoliation of the bones, and sinking in of the cartilages. All the cases in which Mr. C. has witnessed the affection of the nose, have been of this or the preceding variety, principally of this. He has never seen it occur in the papular or true syphilitic variety, and he attributes the frequency of this affection in Portugal, to the prevalence of the phagadenic disease, in that country.

"*Third.*—At the same time that the patient is affected with the eruption and ulceration I have described, he is in general attacked with severe and obstinate pains in his joints; particularly in his knees, wrists, and ankles, which often become swelled, red, and so painful, that they are highly sensible to the slightest touch. The affection of the knee is usually attended with considerable swelling, and every symptom that denotes an acute attack of inflammation of the synovial membrane. This affection of the knee is so frequent an occurrence, in this form of venereal disease, that it may be almost esteemed one of its peculiar characters."

Fourth. Nodes in this disease have only been traced to such cases as have been treated with mercury. A variety of other anomolous symptoms have also been noticed, but the author professes himself unable to decide whether they are justly attributable to the disease, or whether they are to be considered as complications produced by the use of mercury.

Mr. C. has no doubt that the embarrassing obstinacy of this disease arises from the indiscreet use of mercury. In other eruptive diseases we remark that the cutaneous affection relieves the oppression of the vital organs; and he therefore infers, that when the syphilitic eruption is prematurely cured by mercury, the disease is transferred to the deep seated parts; the periosteum, the fascia, and the bones, and that this is the true reason why the patient so often suffers from diseases of these parts, after he has undergone a full course of mercury, and flattered himself from the disappearance of the disease of the skin, that the disease was eradicated from the system..

The phagedenic ulcer, in its active state, will generally yield to means calculated to remove pain and inflammation, absolute rest, venesection, nauseating doses of antimonials, warm pouliices and fomentations, opium, circuta, and hyoscyamus, until the inflammatory symptoms are subdued. Afterwards, a weak lotion of nitrate of silver, the black or yellow mercurial washes are sometimes useful.

Stimulating applications, such as Venice turpentine or balsam copaivæ combined with olive oil, or the tincture of myrrh combined with six or seven parts of the camphorated mixture, are of advantage by stimulating the sound parts to cast off the sloughs, but they do not prevent them from being renewed.

Bark is always injurious, causing the ulcer rapidly to extend. Indeed, by the high degree of fever present, and from the relief produced by spontaneous hemorrhage, a contrary practice appears to be strongly indicated. Opium and cicuta in large doses are frequently decidedly useful.

The secondary symptoms are to be treated on the same general principles as the primary; by blood-letting, laxatives, antimonials, blisters, if the pain in the head be severe, rest, low diet, diluting drinks, and sarsaparilla. Guiacum he considers useful, but inferior to sarsaparilla. For obvious reasons, these remedies should not be used in very cold weather, unless the patient will confine himself to the house. When the cutaneous affection was tubercular, and disposed to spread into foul ulcerations, he found the nitrous acid very useful in the proportion of two drachms of the diluted acid to a quart of the decoction of sarsaparilla, of which the patient is to take as much as will agree with his stomach. These remedies are to be variously combined with each other, and with opium and cicuta, according to circumstances.

It is particularly to be recollected, that the author considers mercury, in every form and every proportion, decidedly injurious, until the inflammatory symptoms begin to subside, and the constitutional ulcers to heal.

When the ulcers in the throat are spreading with alarming rapidity, Mr. C. resorts to fumigations with the sulphuret of mercury. This, he remarks, is apparently inconsistent with his general principles; but as the least of two evils, he thinks it better to arrest the spread of the ulcer, though at the risk of exasperating the general disease. So great is the advantage derived from this application, that the ulcers are always arrested, if the disease have not extended to the larynx.

When the nares become affected, the author recommends the local application of mercury, by a mode original with himself; either by anointing the affected nostril with citrine ointment softened with olive oil, or a weak mercurial wash, made by adding half a grain of oxymuriate of mercury, to an ounce of lime water. When the larynx is decidedly involved in the

ulceration, the disease has hitherto, in the author's practice, terminated fatally with the symptoms of consumption.

When the joints become affected, the antiphlogistic regimen, local depletion, poultices, and warm fomentations, are to be resorted to. When the affection becomes chronic, there is no application equal to the tartar emetic ointment, used in conjunction with the warm bath and the constitutional treatment already detailed.

For nodes, he recommends leeches followed by blisters, and if these fail, mercury, notwithstanding they may have been occasioned by the abuse of this very remedy.

Chapter VI. is devoted to the true syphilitic disease. The true Hunterian chancre, the description of which is so well known to every student of medicine, the author states, is invariably followed by the scaly venereal disease, the description of which is repeated by every writer on this disease, and with which we shall not therefore trouble our readers. This form of the disease, Mr. C. alleges has become much more rare of late; so much so, that since the publication of Messrs. Rose & Guthrie, who advocate the non-mercurial practice, the author, although surgeon to a large hospital, and engaged in extensive private practice, has not met with more than six cases of true chancre, upon which to test the new mode of treatment. There are few ulcers, he remarks, of an irritable nature, which have not some degree of fulness around them; but this fulness is very different from that callosity which Hunter describes. The result of his trial in these few cases is this: that although this form of the venereal does not absolutely require mercury for its cure, yet it differs from them all, in being decidedly benefitted by mercury in all its symptoms and stages.

With regard to the accuracy of Mr. Carmichael's classification, and the truth of the opinion that the different forms of the disease arise from a distinct virus, it will not be expected that the opinions of the profession can be very unanimous, at a time when so many are disposed to doubt the existence of a specific virus altogether. There is a very great difference of opinion upon this subject; some referring the difference of symptoms

to constitutional or epidemic causes, or to both; others admitting the conclusions of Mr. C. to a greater or less extent.

Whatever may be the fact respecting the specific virus, a considerable point would be gained if it could be proved that the same causes which produce one variety of primary ulcer, invariably produce the form of secondary disease, which Mr. C. has connected with it.

Upon this subject the following quotations from Dr. Hennen would lead to a very diffierent conclusion.

"The appearances of the primary sores contracted by sexual intercourse, which have presented themselves in the military hospitals, have varied extremely, but in many instances they have been very much influenced by their particular position. The following circumstances have been principally remarked in them: 1st, Ulcers on the external integuments have generally had round callous edges, level surfaces, but little induration of base; they were less irritable than others, became sooner clean, and healed uniformly, but slowly. 2d, Ulcers on the internal membrane of the prepuce, have been generally either superficial or elevated; their surfaces covered with a light colored slough, or of a bright red, with villous appearance; their edges either regularly defined, or spread out like excoriations; their bases have been, in general, but little indurated, but when the ulcers have spread out, they have sometimes acquired a cartilaginous hardness, and have been extremely difficult to heal. 3d, Ulcers immediately behind the corona glandis, have been, in general, highly irritable, deep scooped, indurated in their edges and base, foul, with membranous bridles running across them, throwing off a perceptible slough; but if mildly treated, soon healing after that event. 4th, Ulcers on the frœnum have generally followed lacerations of that part, have had considerable induration of base, and have been generally slow of healing. 5th, Ulcers of the glans have been generally excavated, but with little hardness of base; quickly throwing off a slough, and then healing rapidly.

It has sometimes happened that where a sore has spread and occupied different textures, each of its parts has exhibited the character which has generally prevailed in sores confined to that particular texture. Thus, in a sore which has implicated part of the internal prepuce, corona, and glans; on the first spot it has been elevated, on the corona it has been indurated and irritable, and on the glans excavated, but with little hardness. * * * *

We have had frequent opportunities of remarking two or more sores of different kinds existing at the same time; an irregular shaped diffused sore; an elevated sore, covered with a light colored slough, as if a bit of shamoy leather had been stuck on by some tenacious substance; a groove or streak along the glans, as if made by a scraping

instrument, filled with purulent matter; and the true and perfect chancre, according to Mr. Hunter's definition, or the true syphilitic ulcer, according to Mr. Carmichael. This last has in some cases occupied the glans, in some the prepuce, while the sores of another description have been on the same part close beside it, or on another part at a distance. Three of these cases I particularly selected for examination and public demonstration in the castle hospital; in one, the Hunterian chancre was on the glans, and a sore without any hardness on the prepuce; in another, it was on the prepuce and a simple ulcer on the glans; in the third, a most perfect specimen of Hunterian chancre occupied the internal prepuce close to the corona glandis; and at about half an inch from it, nearer the frœnum, but farther from the glans, was an elevated ulcer: in all these cases the Hunterian chancre healed several days before the others.

* * * * *

In fifteen cases of eruptions unaccompanied by any other symptoms, which succeeded the Hunterian sore, six were tubercular, five exanthematous, two pustular, one tubercular and scaly, and one tubercular and vesicular.

In four cases following the same sore, but in which the eruptions were complicated with sore throat, two were tubercular, one was tubercular and scaly, and one was tubercular and exanthematous.

In twelve cases following the *Non*-Hunterian sore, and in which eruptions were the only symptoms, six were pustular, three were exanthematous, two were tubercular, and one was tubercular and scaly.

In seven cases where the eruption was accompanied with sore throat, three were exanthematous, two were tubercular, one was papular, scaly and tubercular, and one was pustular and tubercular. An examination of the table will show the existence of other morbid combinations.

The eruptions, after having disappeared, have, in some cases, again occurred a second and third time, and in a different form from the original attack; cold and excess were the causes to which this re-occurrence has been principally traced. In these relapses, the mottled, the papular, and the pustular, have been the most common forms, and have in general preceded the scaly and the tubercular eruptions. The scaly, although in some instances it has been from the first under the form of psoriasis, or branny scurf, has been in general a degeneration of the papular, and occasionally it has appeared on the apices of the tubercular, or was intermixed with them."

We shall devote the remainder of this article to the non-mercurial mode of treating syphilis. Practitioners have existed at all times, who have asserted the possibility of curing this disease without mercury, and who have not failed to attribute

all the unpleasant consequences which result from this disease, to the abuse of that remedy. The result of the experiments which have been made of late years, have confirmed these views, and proved, that in none of its forms is mercury indispensably requisite—a fact certainly, very little to the honor of a profession which has hitherto almost unanimously considered the curative influence of mercury a test of syphilis.

But although the possibility of curing the venereal disease without mercury should be established, it would by no means follow that it was expedient to dispense with it under all circumstances. The determination of this question would involve a variety of considerations, of which the following may be considered the most important. 1. The comparative length of time required for the cure of the primary symptoms under the two modes of treatment; 2. The comparative frequency of the occurrence of secondary symptoms; 3. The comparative severity of the secondary symptoms; 4. The comparative length of time required for the cure of the secondary symptoms; 5. The effect upon the constitution of the different modes of treatment.

Upon this last head we will remark, that while mercury is the most powerful remedy yet discovered against numerous inflammations, yet if given incautiously, and in some constitutions if given with every possible precaution, it tends to aggravate, and sometimes to establish constitutional diseases, to undermine the healthy constitution of the body, to increase constitutional irritability, to excite inflammation and ulceration in the mucous textures, to produce marasmus, and to destroy the texture and healthful proportion of the osseous system, and to induce dropsical infusions in the synovial and serous cavities,—in a word, to produce effects far more dreadful than the worst primary or secondary effects of syphilis.

Upon the other points we will refer to a report of the Army Medical Department of Great Britain, of which the following is a summary.

Army Medical Department, April 2, 1819.

Circular.

ON SYPHILIS.

In transmitting the following summary of the conclusions on the question of syphilis and its treatment, we have to assure all, that it may be considered as an unprejudiced statement drawn up from the answers *alone* of the regimental surgeons, to the queries transmitted by us to them in December last.

Without Mercury.

1st, That since December, 1816, to December, 1818, there appears to have been treated for primary venereal ulcerations on the penis, (including not only the more simple sores, but also a regular proportion of those with the most marked characters of syphilitic chancre, as described by Hunter and other writers,) 1940 cases.

2d, That of these 1940 cases so treated, 96 have had secondary symptoms of different sorts.

3d, That in these 96 cases of secondary symptoms following sores treated without mercury, it was deemed necessary to have recourse to mercury for a cure for twelve of them, for which change the following different reasons are assigned in different cases by the surgeons who treated them.

a. On account of sloughing ulcers in the throat.

b. The protraction of cure beyond the third week.

c. Because the general health seemed to suffer.

d. With a view of expediting the cure.

e. The reappearance of eruptions, or aggravation of symptoms.

Note.—In several of these 12 cases, alterative doses of mercury were sufficient to effect the cure.

4th, That in 1940 cases of primary symptoms treated without mercury, (as described in part 1st,) its use was resorted to in 65 of them; the reason assigned being as follows:—

a. An indisposition to yield to the local application in three weeks.

b. The sore spreading.

c. The appearance of fresh sores.

d. Buboes suppurating, and not disposed to heal.

e. The general health appearing to suffer.

f. A belief that the constitution became affected from the continuance of the sores.

5th. That these 1940 cases, treated as here above stated, are now recovered of their venereal complaints," and either doing their duty as soldiers, or have been discharged for military reasons totally unconnected with venereal disease.

6th. That the principal remedies employed have been (speaking in general terms, and with reference to primary sores) confinement to bed in many cases, in all to hospital, spoon diet, occasionally general bleeding when inflammation ran high, (in six or eight cases,) purgatives, antimonials, pretty generally emollient soothing applications in

the first instance, generally cold or warm water, (the latter frequently injected between the prepuce and glans,) and the first externally applied, the water frequently mixed with the liquor plumbi; in the latter stages, the lotio hyd. submuriat., or muriat. in aqua calcis, lotio sulphat. cupri. argent., nitrat., &c., were employed. With reference to secondary symptoms, when mercury was not had recourse to, purgatives, antimonials, nitric acid, sarsaparilla, guaiacum in substance, or in combination with sarsaparilla, warm bath, nitro-muriatic acid bath, gargles, when the throat is affected. In nodes, fomentations, scarifications, leeches, and blisters.

7th, That the average period required for the cure of primary symptoms without mercury, when bubo did not exist, has been 21 days; with bubo, 45 days.

8th, That the average period for the cure of secondary symptoms without mercury, has been from 28 to 45 days.

9th, That every man treated without mercury has been fit for immediate military duty on dismissal from hospital.

With Mercury.

1st, That during the period specified before, there appears to have been treated of venereal ulcerations of the penis, (the characters given of which do not appear to have been, in any essential degree, different from those treated without mercury,) 2827.

Note.—"It may be perhaps well to view these as more generally bearing the character of Hunter's chancre."

2d, That of the 2827 thus treated and healed, 51 have had secondary symptoms.

3d, That there are good grounds for believing that, in the majority of instances, when secondary symptoms have occurred where the primary symptoms have been treated with mercury, that the secondary symptoms are more severe, and more intractible, than when mercury had not been used for the primary sores.

4th. That one man treated by mercury for primary sores, has been discharged the service on account of the injury his constitution sustained therefrom.

5th, That another man, after treatment for secondary symptoms by mercury, has been discharged the service in consequence of that complaint.

6th, That the average period occupied for the cure of primary symptoms without bubo, with mercury, has been 33 days, with bubo, 50 days, and that the great majority were fit for immediate military duty on dismissal from hospital.

7th, That the average period occupied in the cure of secondary symptoms, has been 45 days.

Note.—"The treatment by mercury is so generally known that it is deemed useless to describe it in either case." Much the same local applications were used in the treatment with mercury to the sores, as was described in that without it; perhaps more stimulating and escharotic applications were used, and less attention paid to regi-

men and diet, when mercury was given, at least less stress seems to have been laid on these.

General Observations.

1st, From the statement above made, it would appear that *all kinds of sores*, or primary symptoms of syphilis, may be cured (as far as a period of nearly two years will warrant the conclusion) without mercury.

It is considered that the exceptions noted in paragraph 4th do not present valid objections to the above conclusion, on viewing the general testimonies on this point; but to the reasons there assigned for the necessity of having recourse to mercury, the most particular attention is required, as on these must the propriety or impropriety of that measure depend.

2d, To guard against any fallacy in the comparative estimate of time employed in the cure of primary symptoms with and without bubo, it must be noticed that this is only an average statement; in some individual regimens, the period required without mercury has been longer than that with mercury.

3d, That it appears that the frequency or rarity of secondary symptoms would seem to depend on circumstances not yet sufficiently understood or explained, although the following fact would tend to the belief, that either the constitutions of the men, or the mode of conducting the treatment without mercury, are the causes that possess the greatest influence in their production.

In one regiment, four secondary cases out of twenty-four treated without mercury, supervened. In another regiment 68 cases have been treated within the specified time without mercury, all bearing marks of true venereal disease, (and 28 of these especially selected for their decided characters of chancre;) no secondary symptoms of any kind have hitherto made their appearance, and in all, fifteen months have elapsed since they were treated.

To this circumstance most particular attention is required, both with the view of ascertaining if peculiarity of constitution influences the appearance of secondary symptoms, and of pointing out the necessity of attending to the proper selection of local remedies adapted to the different stages and states of the sore, and to the general treatment of the constitution during the time the patients are in hospital, and that whether mercury be used or not.

4th, That it appears that no peculiar secondary symptoms are seen to follow from peculiar primary sores.

5th, It has been remarked, that in cases healed without mercury, iritis has been frequently observed as a secondary symptom, in some instances by itself, in others attended with eruptions of different kinds. In these instances, mercury has been generally resorted to with success.

6th, The reappearance of the primary ulcer, and repeated attacks of eruption, are the diseases which have been most frequently observed to succeed the non-mercurial practice.

7th, The conclusions arrived at by the additional testimony of many more regiments, not included in the number from whence this report has been drawn up, confirm, in every material circumstance, the results stated under both methods of treatment.

Accounts of other experiments, conducted on a very extended scale, confirm, in general, the above results, shewing that the average period of cause, both of the primary and secondary symptoms, is shorter, without mercury, and that the secondary symptoms are milder, though they generally occur more frequently.

It is doubtful whether the non-mercurial practice would be as successful in private as in hospital practice, since it is impossible to compel private patients to submit to the necessary restrictions. Enough, however, has been effected to shew, that in all cases in which any doubt exists as to the nature of the disease, or as to the propriety of resorting to mercury, the disease may safely be trusted to the natural efforts of the constitution, until the effect of diet, and mild treatment have been tried, and if an eventual resort to mercury should become necessary, that this remedy may be successfully used in such a manner as not to injure the most delicate constitution. F.

Miscellaneous Intelligence.

ANALECTIC, ANALYTICAL, AND ORIGINAL.

I. Analectic.

1. *Case of Amnesia.*—By S. Henry Dickson, M. D., Prof. Institutes and Practice of Med. in the Med. College of South Carolina.

In May, 1829, I was requested to visit, in consultation, J. W——. He is a man of short stature, ruddy face, full habit, about fifty-five years of age, cheerful, talkative, quick, impatient; has been engaged in mercantile business; lives freely, but not intemperately. Some weeks previously, having eaten a very hearty dinner, he was seized in the afternoon, while occupied at backgammon, with a degree of mental confusion, occasioning him to rise from the table hastily, and walk about with his hand on his forehead in silence, and with an air of entire absence. This abstraction increasing, soon amounted to a total insensibility of external objects. A physician being sent for, he was bled largely, and gradually recovered, in a partial degree, his faculties. His situation seems to be in many respects unusual, and his case presents some curious pathological phenomena. He retains his muscular strength in great measure unimpaired; there is indeed no more emaciation or debility than must of necessity follow from restrictions in diet and remedial depletion. His appetite is good, and his digestion, for the most part, easy and natural. His sleep is composed, and not morbidly profound. His memory, and more especially his power of recollection, are affected. He is at a loss for words, but not always, for he will occasionally pronounce a whole sentence without hesitation. He seems to have lost the convential connexion between *an idea* and *the word* denoting it. I infer this from the following circumstances:—

He gives us to understand that he always remembers *the thing* aimed at, though he cannot express it. "I *know* a great many things—I cannot *speak* any thing"—is a phrase often repeated by him. He reads much, but says he does not understand, nor does he, in reading aloud, utter the correct words with certainty. He was very fond, for a time, of copying. He wrote a good hand, and seldom failed to

write the proper word, but declares that this also he did without understanding. The difficulty seems to be, in both these instances, that he is unable, from extreme deficiency of retentiveness, to remember the first part of a sentence long enough to connect it into meaning with the conclusion. Some words he always failed to recollect. He was fond of molasses, and used it frequently with water to quench his thirst; but he could never remember the word, nor could he be brought to utter it, or take it from another person by suggestion, however frequently and distinctly repeated. He carried the word written out fairly on a card in his pocket, and would make, from time to time, the most strenuous efforts to order his servant to hand him the article, but in vain. He was much chagrined at this. "Why," said he to me, "can I not speak that word? When my friends visit me, I can order for them wine, ale, porter cider, brandy—but this I cannot speak."

He fancies, when he does not comprehend what is said to him, that he does not hear it, and complains much of this supposed defect. But that his hearing is perfect, is proved by a thousand instances of acuteness in this particular. He hears a distant sound, the ringing of a bell, the striking, and even the ticking of a clock, as well as any body about him.

He mistakes sometimes the names of his daughters, calls a day a week, drops a syllable, uses a word entirely inappropriate, or a set (though very rarely) of unconnected syllables, and becomes confused under a consciousness of his mistakes. This is apt to render him low-spirited; he is not uniformly so, however—he still loves a joke. While under a course of medicine, his wife, at dinner, happened to forget something which she wished to tell him;—rising hastily from the table, he ran off for a powder to give her, "*to make her remember.*" This he told me afterwards with great glee.

It is further remarkable that his perception and recollection of numbers have always been clear, at least comparatively and notably so. He reads and speaks of numbers accurately. An advertisement being placed before him, "———'s Lottery Office," he could not read the name, though, as he exclaimed impatiently, "he knew the man well!" But the list of prizes ranged beneath the caption he could run through fluently. He would remind his friends of the precise dates at which notes in his possession were to become due, and make all the necessary preparations concerning them; and this at a time when he could not write his own name unless from a copy, nor with uniformity utter it when shown him written, nor remember it regularly when he wished. A date he could at any time make out, but not always the month referred to in words.

In the above detailed case, it is not easy to refer the various phenomena presented, each to its own proper cause and origin. The *perception* of objects seems to be irregularly defective—not, however, from any lesion of the external senses, but from something peculiar in the condition of the brain. The patient, however, is unwilling to allow any such defect or perception as is here supposed. He contends

that "he cannot remember—he cannot speak what he does perceive and understand." The only exception which he is ready to acknowledge, is found in the sense of hearing, which he believes to be dull, but which is in reality abundantly acute. Shall we account for all the apparent defect of memory by this imperfect perception? The less vivid the impression made on the material organ of thought, the less permanent it will be, of course. How then shall we explain the difference between the various sets of objects presented to him? *Words* were most frequently forgotten or mistaken,—*numbers* almost always promptly comprehended and recollected. Is it because the idea of a number—the impression made by it on the brain—is more intense, more clear, more deeply stamped, than that of a word; as a figure of definite form, and bounded by lines and angles of mathematical precision, is more distinctly and easily remembered than an uncertain shape or a shadowy outline?—*Amer. Journ. of the Med. Sciences.*

2. *M. Berard, senior, on the Veins.*—The June number of the *Archives Generales*, contains a memoir upon one point of the anatomy and physiology of the venous system; the mechanism of the accidental entrance of air into the veins; and the effects of the elasticity of the lungs.

M. Berard begins by remarking that an artery divided transversely, is said to remain open, while a vein treated in the same way, collapses, but thinks that he has ascertained that the veins have a greater tendency to remain open than closed; the reason of this permanency of the calibre is not to be found in the structure of the vein itself, but in its connexions with the surrounding parts. He speaks of the long known permanency of the channel of the longitudinal sinus of the dura mater, and mentions the gaping orifices of veins discoverable on the surfaces of cuts in the liver.

If the vena cava be opened above where the pericardial membrane is reflected upon it, it will be seen that the vein does not collapse; its parieties remain separated, although the blood contained in it escapes; it is kept dilated by the fibrous prolongation of the pericardium upon it. If the vein is freed by dissection from those adhesions, it collapses readily. The two subclavian veins, also, are kept in a state of perpetual dilatation, by means of aponeurotic fibres descending from the neck.

Mr. B. now proceeds to apply this anatomical knowledge to the explanation of a surprising and dreadful accident that occurred some time ago during the performance of a surgical operation on the neck, in which the patient suddenly died under the hands of the operator. The sudden admissiou of air into the veins, and its rarefaction in the auricle, put an immediate stop to the action of the heart. Seeing the frequency with which surgical operations on the neck are performed, and the extreme rarity of such an accident as the one above mentioned, one might be induced to suppose that there must have been some peculiar physical circumstance in the case. But if a vein be kept

open by its connexion to the parts which it traverses, there is no occasion to refer to a suction power of the auricle or of the thorax alone, in attempting to explain the occurrence; for if the vein were capable of collapsing, the pressure of the atmosphere would compress its sides and prevent the admission of air into its cavity.

The state of tension or dilatation of the veins of the upper part of the body, is not confined to the cava superior, the subclavians, or their junction with the jugulars. If the axillary vein be examined from the scalenus muscle as far as the hollow of the armpit, it will be found to present a canal, whose parieties, as they are attached externally to an aponeurosis which descend from the clavicle and covers the subclavian muscle, can scarcely approach the axis of the vessel. M. Cruvichier was struck with this arrangement in examining a specimen which M. B. had prepared for his inspection. M. B. also exhibited a similar conformation to M. Hourmon, in the large veins situated near the transverse apophyses of the first cervical vertebræ, and in those that pass from the neighborhood of the shoulder to the inferior part of the internal jugular. It is also to be found in the layers of the temporal aponeurosis. M. B., after alluding to the similar state of things in the longitudinal sinus and the venous channels in the diploe, proceeds to inquire whether a like condition may not exist in the veins that are below the heart. He speaks of the vena cava as closely attached by means of a fibrous structure to the circumference of the opening by which it passes through the diaphragm, and remarks, that just below the diaphragm the cava receives the hepatic veins, which remain dilated after excision. He does not know whether the inferior cava remains dilated in the place where it passes through a portion of the liver; we think we may venture to say that we have often seen the sides of the vein nearly collapsed. M. B. could find the arrangement under consideration no where else except in the spine and pelvis. The veins of the pelvis presented an appearance scarcely differing from that of the sinuses of the dura mater. The large trunks of the hypogastric veins adhere to the fibres through which they pass, and are thus kept dilated by the upper pelvic aponeurosis.

This arrangement of the veins, according to M. Berard, facilitates the entrance of the blood into the lungs during inspiration. He is confirmed in this opinion by reading the memoir of Barry, by the report of Dumeril and Cuvier, on the alternate contraction and dilatation observed in the tumour of certain cases of *spina bifida*, and by the arrest of some venous hemorrhages by respiring freely and regularly, a fact made known twenty-four years since.—*N. A. Med. and Surj. Journal.*

3. *Catalepsy.*—A case of this strange disease having recently appeared in the Royal Infirmary of Edinburgh, the clinical remarks of Dr. Duncan have been collected and published in a weekly contemporary. We shall take a short notice of this case, the more espe-

cially as one not very dissimilar is at the present moment under our care.

The northern patient was a young woman 25 years of age, who became affected with catalepsy, about the first of February of the present year, and was received into the infirmary on the 5th of the same month. She was first discovered sitting in the kitchen like a statue, stiff and insensible—yet her limbs yielding easily to any force which was applied, and remaining in a position they were put. When received into hospital, there was a complete loss of voluntary motion occurring in paroxysms, and continuing about ten minutes at a time, during which the limbs retained a certain degree of flexibility, but resisted to a certain extent, the application of external force. During the fits there were slight writhings of the muscles—the eyes were not turned up, as in epilepsy, but rolled about, the pupils dilating and contracting. Before the commencement of the paroxysms she feels a fluttering about the heart, general faintness, and heaviness about the head. After the paroxysm is over, she feels a universal soreness of the limbs, as epileptics do, attended with a severe pain in a certain part of the spine, which is tender to the touch. The tongue was white, pulse 70 in the intervals; but rapid and feeble during the fits. *The catamenia had appeared at the proper period, before the commencement of the disease, but were suddenly suppressed by cold.* Some inhuman sceptic had torn two pieces of skin off her hands in one of the paroxysms!

The case continued much the same, not at all relieved, till the 15th of February, when severe pain was complained of in the right iliac region, which, though reasonably considered as nervous by Dr Duncan, was treated by leeches, lest inflammation should actually exist.

During the cataleptic paroxysms, she was, of course, free from pain; but the moment they were over, she screamed out from the violence of the agony. The iliac region was extremely tender to the touch; but no tumor was perceptible. The leeches bled freely—a fetid enema was thrown up, but speedily returned. Powerful anodynes were given both by the mouth and anus, yet without any effect. A warm bath and a still more overwhelming opiate allayed the agony. In the course of little more than twenty-four hours, she had taken 125 drops of Battley's sedative liquor, 120 drops of common laudanum, two grains of solid opium, besides castor, ether, valerian, and most of the stinking drugs in the pharmacopœia. These and other circumstances induced Dr. Duncan to conclude that the disease was of a purely nervous character, and, in fact, that it was one of those singular and strange forms which hysteria occasionally assumes. After this the complaint took on another new but temporary form. On the 3d of March, the patient received some unpleasant intelligence, and requested her dismissal. This being refused, a very severe paroxysm occurred, and lasted three-quarters of an hour. Several of these attacks came on in the course of a few hours.

Dr. Duncan appears to have taken considerable pains to prove that, contrary to the doctrine of Cullen, Catalepsy may be real, and not

feigned. We have not the smallest doubt of the reality of the disease in the foregoing, and in many other cases. We are, at this moment, attending a young lady who has cateleptic attacks every day, and many times during each day. They are generally so transient as to be mostly imperceptible in company—and her object is to conceal them. They escape notice, except upon particular occasions. Thus, if she is reading, or playing on the piano-forte, the sudden cessation of voice or action is remarked, of course. But if she is merely sitting in company, or joining in general conversation, it is ten to one if the cataleptic suspension of volition be perceived. Once in six or seven days she is seized with a convulsion, in all respects answering to pure epilepsy. The attack commences with a shriek—she falls down—struggles violently—becomes hideously distorted—bites her tongue—and requires two or three attendants to constrain her contortions. She then falls into a sound sleep, and awakes sore and rather poorly, but unconscious, except by these sensations, of what has passed. The complaint has been gradually increasing in violence and frequency, from the age of six to eighteen years. The catamenia have only appeared once, and have not since recurred. Moving in a high sphere of life, this young lady has had the very best—and perhaps the very worst advice which England could afford. Not the slightest impression has ever been made on the distressing malady—on the contrary, it has progressively augmented in force. Although the intellectual facultics have suffered less than might have been expected, they have not escaped uninjured. The memory is impaired, and application to some particular studies is greatly abridged. She dares not indulge in music—and she is incapable of making the slightest progress in arithmetic. She cannot perform even the most common operations in figures. She delights in history; but the impressions are like those made in water, or, at most, in sand. They are soon obliterated. The eyes are expressive—the pupils very large; the complexion exquisitely fair; the features beautiful; the temper mild; and the anxiety to be relieved from her malady intense. The intestinal secretions and excretions are exceedingly depraved, and the catamenia are stopped. * * * Her great object is to veil her attacks, and the cataleptic paroxysms usually escape the observation, except of her parents or intimate relations. If she is reading, for example, she will suddenly stop, for an instant—perhaps for half a minute or a minute; being, for that period, like a marble statue—and then she utters a kind of sigh, and takes up the word, or part of the word, where she had stopped. Considering the length of time which the complaint has obtained, we cannot, of course, form any sanguine hopes of recovery. The first object which we have in view, is to correct the alvine derangements and to reproduce the uterine functions. The result of the case we shall freely and candidly communicate to our readers.

In reviewing his case, on the patient's discharge from the hospital, Dr. Duncan observed that the symptoms and character of the malady had considerably varied during the progress of the complaint. These

variations he was inclined to refer rather to a "modified form of hysteria than to any other disease." As the case proceeded, the paroxysms became more and more accompanied by gesticulations, singing, &c., instead of the rigidity of catalepsy. The form of hysteria approached the epileptic, as, in the paroxysms, the patient was totally devoid of consciousness or feeling. The remedies which gave most relief in this case, were those which are most useful in hysteria—antispasmodics, narcotics, and purgatives. The shower bath had been employed two days after her admission, and apparently with some benefit at first; but subsequently with mischief. Powerful purgatives brought away pitchy stools, and temporary relief followed. Indeed the purgation appeared more beneficial than any of the other remedial measures, till the new symptom of excrutiating pain in the abdomen set in, when leeches were applied. This pain was so torturing, that the accession of the cataleptic paroxysm was desirable, as a temporary insensibility to sufferings. The cause of these sufferings, Dr. D. was unable to explain—who, indeed, can hope to explain the mysteries of the nervous system in hysteria? One thing is certain, that depletion did not relieve this excruciating pain. Dr. D. alluded to those unaccountable tumors which sometimes show themselves in hysterical females about the groins, causing dread of hernia in the minds of medical attendants. He was convinced at any rate that these tumors were *internal*, or situated beneath the muscles constituting the abdominal parietes. In this case flatulence was very distressing. In one instance, after a fright, the spasms became actually tetanic, and lasted four hours, during which time, though the muscular system was in a state of cataleptic rigidity, she sang hymns and repeated the Lord's prayer in a perfectly rational manner. During the eruptive fever of the smallpox, the paroxysms went on; *but were suspended during the presence of the eruption itself.* This was a fortunate circumstance, as a continuance of struggles, during the eruption of pustules on the surface, would have been most distressing. The alcoholic extract of nux vomica was afterwards given in large doses, so as to induce a considerable degree of narcotism. From this time she gradually improved till she was discharged—but whether this improvement resulted from medication, or one of the freaks of the malady, it would be difficult to say. One thing is certain, that, in less than three weeks, she returned in statu quo, and remains in the infirmary. We shall report on both the cases mentioned in this paper on a future occasion."—*Med. Chirur. Rev.*

4. *Efficacy of Cold Affusions in Nervous Affections.*—A case very illustrative of the power exercised over nervous disorders, by the shock produced on the surface by cold affusion, is reported as having recently occurred in one of the Parisian hospitals. The patient, a juggler, was found in his room in a state of insensibility. Shortly after he was carried to the hospital he became delirious. His face flushed, his hair erect, his eyes wild, and speech incoherent. Yet were there no symptoms of febrile excitement dis-

tinguishable in the pulse, or the condition of the skin. Speculation was fruitful as to the cause and nature of this condition of body, and some suspicions were entertained, that the gentleman was only engaged in a professional exhibition. The medical officer of the institution, however, soon recognized it as a case of purely nervous character, and directed cold affusions, from head to foot, of water at the temperature of 18 deg. Reaumur. The delirium yieided to this remedy immediately, and the patient, next day, was walking about the ward.

It is no novelty to find nervous complaints disappearing before this remedy; but the influence it is capable of exerting in hysterical disorders, which are so common and so troublesome in young and old females, is not, perhaps, so familiiar to every practitioner. No class of disease is so troublesome to the medical attendant, as none is more difficult to be borne by the patient, than that denominated *nervous*. These diseases ape so many others of different character, that an inattentive observer is apt to commit himself by an erroneous opinion, and be led through a series of prescriptions of various and discrepant remedies, all with the same result—disappointment and vexation. At the same hospital as that above referred to—the Hotel Dieu—a case is reported in which cough, slight hæmoptysis, palpitations, obstinate rejection of food, &c., led to the administration of a succession of antispasmodics and sedatives, all to no other purpose than to excite surprise that they should not arrest the symptoms. Suspecting at last that this might be an instance of those anomalous hysterical affections which are so often mistaken by ordinary observers, the physician ordered that affusions of water at 18 deg. Reaumur, should be directed on the head, whilst the body was immersed in a bath of a temperature 8 degrees higher:—a bad practice certainly for hæmoptysis and cough depending on common causes, but a good one, as the result here proved, where these symptoms are purely nervous.

The mode of using the cold affusions in such instances, varies with the circumstances of each case, and the taste, habits, and information of each medical attendant. By some the shower bath is preferred; others pour water from a pitcher directly on the head; and still others interpose on the crown, a very large sponge, an expedient the advantage of which is obvious. Dr. Johnson recommends the shower bath, with the precaution, in commencing its use, of letting the patient stand with the feet in a tub of warm water. This precaution is particularly advisable with young females of delicate constitution, but with all it will add security to an effectual means of cure, and detract somewhat from the aversion with which this remedy is too often anticipated.—*Bost. Med. and Surg. Jour.*

5. *Homicidal Monomania.*—We derive the history of this case from the *Annales d'Hygiene Publique et de Medecine Legale* for July last, in which it was published as a communication to Dr. Marc, from Professor Grossi, of Munich. B., a farmer in the neighborhood of Landshut, in the kingdom of Bavaria, more than 70 years of age, but

whose powers, both physical and mental, were still quite active, had been married a second time, and became the father of two children, one of whom was eight, and the other ten years of age. His neighbors, and the persons in authority in his district, had always known him to be an upright, laborious, and intelligent man. He had even been often chosen as arbitrator in disputes in matters of rural economy.

Prior to the last war, of which his country was the theatre, and the augmentation of taxes, B. passed for a man in easy circumstances; but these evils, as well as the portions he was obliged to give up to his children by his first marriage, lessened greatly his fortune. B. became sad, and was continually complaining to his friends of the hardness of the times, and of the impossibility of farmers paying taxes and meeting house expenses. His confidence in the clergy and his religious zeal were abated. He often, however, had religious scruples, and sought by frequent vows to restore calm to his bosom. Having no longer any reliance on the priests in his neighborhood, he addressed himself to the curate of a remote district, who thought he perceived a certain disorder of his intellectual faculties, a state which his neighbors declared they had never observed. The people who lived under the same roof with B. affirmed also that they had never any occasion to complain of him; only it was remarked that he treated his wife with somewhat less mildness. As to his children of the last marriage, he continued to display to them the same affection as before. His sleep had become less tranquil: but this circumstance was not attended to, it being attributed entirely to advanced age. At last the uneasiness of mind which his reflections on the derangement of his domestic affairs gave rise to, became so aggravated that he spoke in a tone of the deepest despair, and seemed to lose all hope of the temporal and eternal welfare of his children who were under age. Their spiritual well-being was the special subject of his solicitude.

For a long time a misunderstanding existed between him and his nearest neighbor, who had in fact done him wrong; but this was the only person with whom he could not agree. This enmity on the part of B. acquired a singular force, in consequence of this state of feeling, and even assumed a peculiar character. B. regarded his neighbor as the principal author of all his evils, accused him of wishing to seduce or corrupt his children and servants, had frequent altercations with him, and even uttered, several times, threats against his life.

For a year past, B. had taken into his service a man who had enjoyed a good reputation, and whose duties consisted in superintending the labors of the farm. Soon, however, B. complained of his carelessness, his pride, and of his unnecessary expenditures, such as, for example, his purchasing harness with brass mountings. He accused him also of having been too late in putting certain fields under cultivation, and of paying no attention to his injunction not to visit, during his leisure hours, the neighbor who was an enemy to his master

B. accordingly determined to send away his servant at the expiration of the customary period. He gave him due notice, and paid him without evincing the slightest deviation from propriety. On the evening before the day of the man's departure, he settled his account, addressed no reproach to him, and the day had passed tranquilly, without any suspicion being excited that B. entertained the slightest intention of committing the act which he did the next day. B. went to bed earlier than common, and did not undress himself, an omission which was sometimes observed when he did not feel easy in his mind.

Though it was winter, his servants rose at four o'clock in the morning for the purpose of thrashing in the barn; and the man who was discharged, but according to custom could only quit the house after breakfast, aided in this operation. On this day B. was also up earlier than usual, and smoked his pipe immediately after rising. It was while thus employed, as we are constrained from the sincerity of his declarations to believe, that he conceived the idea of revenging himself on his servant, who, in concert with his neighbor, had done him wrong, and had, among other things, carried from the barn of this latter weevils into his. He thought that he ought to avail himself of the short space of time, during which the man was yet to stay, to wreak his revenge on him. In fact he declared that the idea of the injuries which this person had done him, occupied his mind to the exclusion of every other thought.

Having got possession of a gun, which, according to the testimony on the trial, was already loaded, B. went to the porch, and availed of the imperfect light to conceal himself against a clothes-press, before which the servant must necessarily pass in order to go from the barn to the public hall. But this latter returned in company with all the servants, so that B. could not put his design into execution without danger of wounding some other person. He consequently kept quiet, and went up stairs to his room. There was in the floor of this latter a *judas*, by which he could see his people during their meals. The obnoxious servant was in the middle, and near the opening. More than ever intent on his dreadful scheme, B. raised the lid which covered the *judas*, and armed with his gun, kneeled down, as he declared, in such a position as to be sure of his aim, hurt no other person, and not be seen. In fact his daughter, who was at the table, and whose looks were directed to the ceiling, could only see the end of the murderous fire-arm, which she mistook for an iron pipe. B. took aim with great care at his servant, and mortally wounded him in the chest. Before committing the murder, he adopted the precaution to shut the door which led outwardly from the room in which he was, and to take out the key, so as not to be prevented either from executing the act of which we have just spoken, or that which he afterwards committed on his two younger children, who slept in an adjoining room.

Without paying any attention to the outcries of the persons present, nor answering the questions put to him, he went directly to his children's room, and seizing a hammer which had been there for a long time, killed his son while this latter was asleep. He went immedi-

ately afterwards to the bed of his daughter, whose entreaties and feeble resistance were alike unavailing to prevent him from striking her several blows on the head, until he thought her dead.

When the ministers of justice reproached him for the atrocity of this conduct, and especially for not allowing himself to be softened by the prayers of so interesting a child as his daughter, his reply was that, doomed on account of the murder of the servant man to perish on the scaffold, he thought it best to preserve his innocent children from the world's seductions, and especially from those of his neighbor, who had already made a gambler of his oldest son, and encouraged him in disobedience, rather than to expose them to suffer both in their spiritual and temporal welfare. He frequently repeated this declaration, and always with the same coolness, and he often deplored, when in prison, the state of his daughter, after having learned that she had not sunk under her wounds.

B., in reference to his homicidal deeds and attempts, made the following declarations, especially remarkable in a pathological point of view: they were in reference to two assassinations committed in an adjoining district about a year before the events now related had transpired.

An apprentice shoemaker wishing to purloin a watch from the shop of a watchmaker, succeeded under divers pretexts, in sending off the owner and seizing a watch of small value. At the moment of escape, the watchmaker returns, a struggle ensues, the robber, armed with a hammer, kills the shopkeeper, and a person passing by, attracted by the cries of this latter, on attempting to seize the wretch undergoes the same fate.

B. compares his situation to that of the apprentice shoemaker. I was, said he, in the way of killing, and, like him, I could not stop myself, though my motives cannot be compared with the meanness of those which induced the apprentice to commit a double homicide.

The inhabitants of the house and neighborhood presented themselves at different times before the door of the room in which B. had shut himself up. He had several short conversations with them; but they could not induce him to open the door. He dressed himself very warmly, as the nature of the season required, took some money and his pipe, with all the et ceteras for smoking, and without opening the door through which a person could pass into the children's room, he went into a corridor leading to the yard. When there he directed a servant to harness two horses to a sledge, in order that he might go to town; he bade his people farewell, without, however, showing the least compunction, and gave the signal for departure. He waited even for the moment of setting out to throw to the persons who were near him the key of the door, but it was only after the lapse of half an hour that he informed the driver of the murder of his children. Having reached the seat of justice, he had himself taken to the house of a physician acting as medical jurist, left the sledge with the greatest coolness, bade farewell in a few words to his servant, had himself conducted to the judge's office, and there made, without exhibiting the slightest compunction,

a declaration of the acts which he had just committed, and begged that the trial might be hastened, as well as the carrying into effect of his sentence of death. He several times testified the same wish during the trial.

When B. learned in prison that his daughter had not been destroyed, and was even convalescent, he spoke several times of her with marked interest; but always displayed a wish for her death, in order that she might no longer be exposed to the temptations of the world.

I, says professor Grossi, consider B. as having been in a state of insanity. My opinion was founded on the following circumstances: his having more and more despaired of the temporal and spiritual welfare of himself and his children; the relation which existed between him and his neighbor having become a fixed and dominant idea, carrying with it the thirst for vengeance; his having performed many religious acts foreign to his habits; the sudden execution of his projects of revenge on his servant; and finally, the murder itself of his own children, which was perpetrated immediately after that of the servant. These various acts seem to me to indicate a partial delirium, with a subversion of the affective feelings. On these grounds B. was not considered by the judiciary as an assassin. He was secluded in the house of correction at Munich, in which, in despite of the most assiduous care, he sunk at the end of the year into a state of evident dementia or fatuity.—*North American Med. and Surg. Jour.*

6. *Case of Inflammation of Vena Cava Ascendens.*—Dr. J. Hourmann relates in *La Lancette Francaise*, the following example of this affection, which is interesting as exhibiting the immense resources of nature, and as confirming many points in the history of phlebitis. The subject of the case was a porter, of strong constitution, and in the habitual enjoyment of good health. Some weeks before his entrance into hospital, he fell, and struck, violently, the right side of his chest against a step. Leeches were applied to the injured side, but a dull pain remained. About fifteen days afterwards, he perceived a swelling of the right foot, and soon after of the whole lower limb of this side. He experienced also an uneasiness in the groin of the same side, and then the left limb, which had previously been unaffected, began to be infiltrated. In this condition the patient entered the hospital. He had no marked functional derangement of the viscera, and he did not complain except of the swelling of the limb. M. Louis immediately pronounced the disease to be phlebitis, which had commenced in the right crural vein, and which had successively extended to the external iliac, the primitive iliac, and lastly, to the vena cava ascendens. Before the vena cava became affected, there was no obstruction to the circulation of the left limb; but as soon as the inflammation extended to the former, the latter became infiltrated. At this period none of the veins of the limbs were very remarkably prominent; however, on examining with the fingers, in the course of the saphenas, some renitence was perceived; the veins of the anteri-

or of the abdomen did not exhibit any unusual appearance. The diagnostic of M. Louis was soon confirmed. In fact, in a few days many veins were observed to become developed, arising from the groin, and ramifying over the abdomen towards the chest. One of these on each side passed to the neighborhood of the armpits. The size of these veins was at first small, but they soon became enlarged, and the two which ran to the armpits became as large as a goose-quill. When this vein was compressed with the finger, the blood was observed to stagnate below the place of compression, and to accumulate in the groin; when the vein was emptied by pushing the blood towards the chest, the blood rushed from the groin towards the point of compression, and instantly filled the vessel. Once only the blood was observed to flow in an opposite direction. Did this depend, asks the relator of the case, upon an obstruction to the passage of the blood through the cavities of the heart, and a reflux into the vena cava? From the appearance, it cannot be doubted that there existed an obstacle to the passage of the venous blood from the inferior extremities by the ordinary routes, and of the establishment of supplementary circulation. The blood arrived at the groin not being able to obtain a passage through the crural vein, escaped by the orifice of the saphena, and from it, reversing by its force the natural course of that which came from the abdominal parieties, it passed towards the heart through the superficial veins; one of them uniting with a thoracic vein, discharged the fluid into the axillary trunk, and the vena cava descendens poured it into the right auricle. The patient experienced few inconveniences; there were some premonitions of a pleuro-pneumonia, which excited fears for a moment of the common consequences of phlebitis, the passage of pus into the circulation. But being promptly met, these serious symptoms were soon dissipated. M. Louis restricts himself, as regards active treatment, to bleeding, often repeated. By these means, and the admirable efforts of nature, the œdema almost entirely disappeared, and the patient was discharged almost perfectly well.—*Lond. Med. and Surg. Journ.*

Chlorine an Antidote to Hydrocianic Acid.—MM. Persoz and Nouat, have verified the favourable results which M. Simeon had obtained relative to the remedy which chlorine affords against prussic acid. They operated upon three dogs, upon the eyes of which a drop of prussic acid had been placed. Dividing the symptoms in three periods, namely, 1, uneasiness, 2, tetanus, 3, interrupted respiration, they found that when chlorine was applied in the first period, the relief was immediate, the respiration became regular, vomitings and alvine discharges occurred, the animal gradually regained its strength, rose unsteadily, and, in about half an hour, was as lively as at first. Applied at the second period, the symptoms were arrested, but the restlesness continued awhile; and though respiration was less painful, the convulsive movements continued for ten minutes, then occurred vomitings, &c., as before, and at the end of an hour, the animal was perfectly well. The two dogs thus treated, being tried next day

with the same quantity of prussic acid, but without chlorine, died in a few minutes.

In the third case, all the effects of the prussic acid were produced before the chlorine was applied: the respiration had ceased for twenty-five seconds, and the animal was rapidly perishing; but the chlorine not only recalled it to life, but ultimately restored it to full vigor: the full effect only occurred, however, after some hours. Ten days after it was quite well, and the paralysis of the abdominal parts, which occurred in all, had in this case entirely disappeared.

After this, MM. Persoz and Nonant sought to ascertain whether the prussic acid, being absorbed into the vessels and tissues, the chlorine would follow and decompose it. Two dogs of equal strength were taken, the crural veins laid bare, and separated from the neighboring parts, and especially the accompanying nervous fibres; then a drop of prussic acid was put upon each vessel. The effects were instantaneous; a few drops of chlorine, (solution,) were let fall on one of the crural veins; the other animal was left alone. The first was as immediately recovered as it was injured; the second died directly. The first felt no inconvenience after some hours, except from the wound. Endeavors were then made to kill him, by putting prussic acid upon the eye, and upon the crural vein of the opposite side; but the animal only felt temporary inconvenience, and a few convulsive movements, and was very quickly at ease. Hence it appears that the chlorine administered beforehand is taken into the circulation, and is then an effectual remedy against prussic acid.—*Journal of the Royal Institution of Great Britain.—Lond. Med. and Surg. Jour.*

7. *Excision of a Carious Rib.*—A shoemaker, aged thirty-eight, was admitted into La Charitie, on the 23d of March, with a fistulous opening on the right side of the chest, leading down to the fifth rib. The latter, when examined by the probe, felt rough, denuded, and carious. A considerable quantity of puriform matter was discharged from the fistulous opening; the patient was debilitated, thin, and suffered from a troublesome cough, with expectoration of thick mucous sputa; but no positive sign of phthisis pulmonalis was present.

On the 24th of April, M. Roux proceeded to remove the rib. All the soft parts covering it were included between two semi-elliptical incisions, extending from the border of the axilla to near the sternum, and passing immediately under the mamma. By these incisions, and the removal of the integuments included between them, the rib was exposed for the extent of five inches; the limits of the carious portion ascertained, and the latter, four inches in length, cut out by means of the chain saw; another small portion near the sternum presenting a suspicious appearance, was also taken away. The pleura costalis adhered as usual to the inferior border of the bone, but above it was thrust inwards by a moderate collection of pus, which had no communication with the pleural cavity. The rib was quite carious, the superior border in particular and the internal surface being rough, deprived of its superficial laminæ, and chiefly affected about midway

between its two extremities. The wound was simply dressed, and for two or three days the patient appeared to be doing well. Then, however, dyspnœa and symptoms of pleuritis on the right side appeared, and death speedily supervened.

Sectio Cadaveris.—The right side of the chest contained a considerable quantity of sero-purulent fluid, with some flakes of recent lymph. The fluid was confined to the two lower thirds of the pleural cavity, the upper being closed from old and firm adhesions. The upper part of the lung contained many large and half-softened tubercles, principally situate opposite the second, third, and fourth ribs, which were all carious, and broke with the greatest facility. The pleura at this part still continued sound. The apex of both lungs was loaded with tubercles, chiefly of the granular kind; some of them were softened, others were not; there was nothing like a vomica. No disease was discoverable in other organs.

The reporter remarks that he is not aware of the operation having been performed more than once in France, which was by Richerand, in 1818. The patient died. Joshua Aymar, a surgeon of Grenoble, twice excised several carious ribs with success. The first patient was a woman, forty years of age, in whom the eighth and ninth ribs were diseased; the second a captain, whose fifth, sixth, and seventh were affected. M. Cittadini, has recently published five cases of successful excision of one or more ribs. In all he opened the cavity of the pleura, and one patien nearly died from the admission of air into it. In the present case of M. Roux's, the tubercles of the lungs must undoubtedly be considered as contributing essentially to the unfavorable character of the case and the fatal pleuritis. At the same time the result is calculated to point out the uncertainty that must always hang over this operation, and deter practitioners from engaging in it wantonly, or without the most cautious deliberation.—*Med. Chir. Rev., from the Journal Hebdomadaire.*

8. *Method of Cleaning Bones.*—Mr. J. W. West, of Northampton, recommends a combination of chloride of lime and subcarbonate of potash, in the proportion of one pound of the former to one ounce of the latter, added to two gallons of water, for the purpose of whitening bones and destroying the unpleasant odor generally issuing from them. He says that it rendered a cranium perfectly white, after having been in the solution not more than twenty-four hours.—*Lond. Med. Gaz.*

9. *Period of Puberty in Women.*—Mr. Roberton has given in the *North of England Medical and Surgical Journal*, the following table, exhibiting the ages at which three hundred and twenty-six women began to have catamenia.

TABLE.

In their 11th year	6	In their 16th year	54
12th	12	17th	50
13th	31	18th	19
14th	60	19th	18
15th	72	20th	4

This table was formed by questioning the pregnant women who came to the Lying-in Hospital, to deliver in their letters of recommendations as home patients. These women were generally in health, as appears by their walking, in an advanced stage of gestation, a considerable distance to the hospital. The circumstance of pregnancy is a guarantee, as regards the whole of the cases examined, as exemption from serious disease of the generative system. Every answer was rejected which evinced either a doubtful recollection of the fact, or which was reluctantly given in relation to the fact. The question was also put, not as if a matter of curiosity, but as connected with other questions necessary to be answered for admission as a patient. —*Lond. Med. and Surg. Journ.*

10. *Menstruation continued to the 94th year.*—A case is recorded in the *Ann. Univ. di Med.*, of a female aged 94, whose relatives were remarkable for their longevity, and who continued to menstruate from the 53d to the 94th year, and at present she is in perfect health. —*Ib.*

11. *Pregnancy occurring during Dysmenorrhœa.*—Dr. Ryan says, that two cases of dysmenorrhœa have lately fallen under his care, both aggravated by marriage, and both followed by pregnancy. One of these patients was twenty-three years of age, the other eighteen. Neither of them passed the membranous shreds, described by obstetric writers.—*Lond. Med. and Surg. Journ.*

12. *Salicine not an Alkali. Mode of Preparation, &c.*—We have already given some notice of this new principle, which has been found in the bark of the willow. We are now enabled to present other facts with regard to it, from a report made May 10th, 1830, to the Royal Academy of Sciences at Paris, by MM. Gay Lussac and Magendie, who were appointed to examine the memoire of M. Leroux, addressed to the academy in the preceding month of June.

It is known that in this memoir, M. Leroux claimed the discovery of a proximate principle in willow bark, which he called salicine, and which he conceived to possess alkaline properties. At the same time, he presented to the academy a substance which he considered to be the sulphate of salicine. It now appears that this principle has no claim to rank among the vegetable alkalies; that instead of saturating the acids, it is in fact decomposed by them, and loses the property of crystallizing, and that it contains no azote. It is therefore evident that the product named by M. Leroux the sulphate of salicine, can no longer be considered a salt. It is due to this gentleman to state, that the merit of discovering these facts is shared by himself with the committee.

The salicine of M. Leroux, is, when pure, in white slender shining crystals, very soluble in water and alcohol, but not in ether. Its taste is very bitter, and resembles that of the willow bark. The species of willow from which it is derived, is the *salix helix*, though it is not improbable that the bark of many other species, and among them

some of American growth, will be found to contain it. The following is the process for obtaining it.

Boil three pounds of the willow bark, dried and reduced to powder, in fifteen pounds of water, holding in solution four ounces of carbonate of potassa. Strain the decoction, and when it is cool add two pounds of the solution of sub-acetate of lead. Filter the liquid, treat it with sulphuric acid, and complete the precipitation of the lead by a current of hpdrosulphuric acid. Then saturate the excess of acid by carbonate of lime, again filter, concentrate the liquid, and treat it with diluted sulphuric acid to perfect saturation. Finally, deprive it of color by means of animal charcoal, filter it while boiling hot, crystallize by two successive salicine operations, and dry the crystals in the dark. By this process about an ounce of salicine will be obtained. Conducted on a large scale, it would probably yield double the quantity. It might be considerably simplified.

In former numbers of this journal evidence has been given of the efficacy of salicine in curing intermittent fevers. Additional testimony is advanced in the report of the committee of the French academy. M. Magendie has seen fevers cut short in one day by three doses of six grains each. Besides the experiments of Dr. Miquel, before mentioned, others have been instituted at the Hotel-Dieu, by MM. Hudson and Bally, and by various other physicians; and all agree that from twenty-four to thirty grains of salicine are sufficient to prevent the recurrence of the paroxysm, whatever may be the type of the fever. It will be observed that this does not much exceed the dose of the sulphate of quinia.

The committee conclude their report in the following terms. "The discovery of M. Leroux is beyond contradiction one of the most important which have been made for many years in therapeutics. We are the more indebted to M. Leroux for the result of his labors, as many chemists, among whom are Rigatelli, Buckner, and Fontana, had previously occupied themselves with the bark of the willow, and believed that they had obtained its active principle in a state of purity. But it is evident, from the very terms of these chemists, that they have not succeeded in isolating the pure and crystallizable salicine, such as that which has been made known by M. Leroux."—*Archives Generales.*

13. *Wound of the Trachea and Œsophagus.*—We learn from the Medico Chirurgical Review for July, that Dr. Luder had charge of a man, aged thirty seven years, who cut his throat with a pruning knife. He plunged the crooked point of the knife into the neck at one side of the trachea, then pushed it under that tube and the œsophagus, and by drawing the instrument outwards, severed the alimentary and aerial conduits completely: the wound penetrating to the cervical vertebræ, without wounding any of the great vessels or nerves; the sterno-cleido muscles even escaped. The patient was pallid, deprived of speech, and could breathe only when lying on the

abdomen, so that the blood could escape by the external wound. He rejected all assistance during the first day, and all future attempts by Dr. Luders, to aproximate the edges of the wound completely failed.

Second day. Much bloody mucus expectorated; was able to lie on his back, and made signs of hunger; some gruel and laudanum were thrown up per anum.

Third day. Free from fever; comfortable, excepting being hungry; some milk and egg were injected through a tube in the œsophagus into the stomach.

Fourth day. Better; by bending his neck forward, succeeded in swallowing a little milk.

From this time the patient convalesced; every day he could swallow better; the wound in the œsophagus healed, that in the trachea remained fistulous, and the patient breathes through a tube, which has now been continued for near two years.—*North American Med. and Surg. Jour.*

14. *Strangulation of the Spermatic Cord in the Abdominal Canal.*—In the Journal des Progrés for January, there is related a case from the Journal Hebdomadaire, of a man forty-three years old, who attempted to destroy himself by cutting his throat and removing his right testicle. He was placed under restraint at the hospital, and was doing well until the ninth day, when symptoms of strangulated hernia supervened; vomiting, tympanitic abdomen, clammy sweats, &c. &c., with painful swelling in the groin, and suppression of intestinal discharges. On pressure of the swelling, great pain was excited, and pus flowed from the abdominal canal. On the 10th day, the whole was laid open by means of a directory and bistoury. Pus immediately flowed out, and the tumefied spermatic cord appeared to dilate by a true expansion. The vomiting and nausea ceased, an abundant stool followed, and the wound healed without difficulty.—*Ib.*

15. *Extirpation of Cancer of the Rectum.*—We have already, in former numbers, given some cases of Lisfranc's operation for extirpating superficial cancer. A general view of the subject has been published by one of his pupils, M. Pinault, in 1829. We extract the following summary from the Journal des Progres for January.

That any attempt should be made to excise the inferior portion of the rectum, it is requisite that the index finger can be passed beyond the limits of the disease, that the extent of the induration may be determined; great difficulties would occur if the cancer had extended to all the tunics of the intestine, and especially to the surrounding tissues. A judgment may be formed of the severity of the disease by the mobility of the parietes of the intestine.

In operating, after the intestine has been emptied, and the patient placed as for lithotomy, the surgeon makes two semilunar incisions, which comprehend a portion of skin, and unites them at about an inch before and behind the rectum. The skin is dissected up, so as to isolate the rectum on all sides. The advantage thus derived is, that the gut

can be forced or drawn down about an inch when the index finger is introduced. When the cancer is superficial, when it is confined to the mucous membrane, or does not extend behind the intestinal tunics, and at the same time does not extend higher than an inch above the anus, it is easy, by bending the index finger in the rectum and drawing downwards, to invert the intestine and expose the whole disease. Then it will be sufficient to divide the inverted portion of the intestine, and to extirpate the diseased part by means of curved scissors.

When the cancer has involved the whole of the tunics of the intestine and the surrounding cellular tissue, when it ascends two or three inches, this method cannot be adopted. It is now necessary, after the preliminary dissection of the inferior extremity of the rectum, to make an incision, parallel to its axis, by means of straight scissors directed on the index finger. This incision should be made on the posterior part, to the limits of the disease. It will allow the intestine to come down, and will expose the whole extent of the disease. This descent is to be maintained by two or three tenacula (airignes.) When a female is operated on, an assistant must render the recto-vaginal septum tense by means of two fingers, introduced into the vagina. In the male, the urethra must be rendered prominent by means of a sound. After these precautions, a dissection must be made of the anterior part of the rectum; it must be made with great slowness and precaution, to avoid perforating the gut. When the anterior part is detached, the rest of the circumference is easily separated, as being more loosely connected; after which the excision above the diseased portion may be made with curved scissors. In these cases the operation is more difficult in the male than female, as it is difficult to separate the intestine from the prostrate, and to render the urethra sufficiently prominent by means of the sound. In both sexes the dissection, however, is difficult and laborious. Vessels are tied as soon as they are divided. Lisfranc does not think the internal pubic need be injured. It should be observed, that when the lower part of the rectum has been divided, it is sometimes drawn up so high that it is difficult to seize it with the fingers and bring it downwards.

After the operation, Lisfranc allows of the oozing of blood so long as the patient is not threatened with syncope; from the formation of coagula, the hemorrhage ceases in one or two hours. The dressings consist of a perforated compress covered with cerate, of lint compresses, and a T. bandage. In females, the urine must be removed by means of a catheter, for fifteen or twenty days, that it may not flow on the wound. Towards the third day, suppuration commences; it has the fetid odour of a stercoraceous abscess: it becomes very copious, and does not diminish until three or four weeks. The cicatrix is formed rapidly, so far as the skin is concerned; afterwards it advances slowly. When the opening begins to contract, it is requisite to introduce a large bundle of lint, and great precautions are requisite that it should penetrate the cavity of the intestine. When the division is high up, the index finger must be employed. A cure is rarely obtained in less than two months, and the tents must be continued for

three or four weeks longer. Incontinence of fœces seldom occurs. A kind of annular swelling forms at the extremity of the rectum, which operates as a sphincter; hence the stercoraceous matters, when somewhat hard, having passed this swelling, can remain in the inert canal of the cicatrix, whence the patient can extract them by means of the finger; a slight inconvenience. One patient was for a long time obliged to employ a tampon of lint, which he removed when he went to stool.

Hemorrhage is a rare accident; should it occur, and syncope be threatened, the tampon of lint must be used, if the arteries cannot be secured by ligature, but as the operation of stuffing the rectum is painful and irritating, the lint must be removed in two or three hours. This time will suffice; should it not, the lint must be reapplied.

A series of nervous symptoms very often are manifested immediately after the operation; some of them are troublesome. M. Lisfranc, has employed antispasmodics, narcotics, &c., without any decided effect. He has performed the operation nine times, six upon females, three upon men; of these patients six recovered and three died, viz. two females and one man. Two post mortem examinations were made; an infiltration of pus was found in one case; in the other, phlebitis.—*Ib.*

16. *Ununited Fracture of the Femur successfully treated by the Seton.*—The evidences of the value of this mode of treating ununited fracture, are constantly accumulating. In the *London Medical and Surgical Journal* for December last, the following case is related by John Swift, Esq. A healthy young man, aged twenty-eight, a laborer, was admitted into Richmond Hospital, Dublin, on the 18th January, with a false joint, formed at the junction of the middle and lower thirds of the femur. He stated that about two years and a half since, he had his thigh bone broken by a horse which he rode falling on him. The fracture was simple, but very oblique, and the shortening of the member considerable. In some short time after the accident, he went into one of the provincial hospitals, where the limb was kept in the extended position on a softish bed for two months. When allowed to get up, he found that the first time he attempted to bear his weight on the limb, the fractured portions were not united. He was again confined to bed in the same position, for three months, at the end of which no union had taken place, and he was permitted to walk about on crutches, and discharged, after twelve months confinement in hospital, with a false joint. He had been in Stevens's Hospital subsequently some months, and had glue bandages and splints applied, and was put under the influence of mercury with some benefit. A seton was passed between the fragments, which was followed by considerable inflammation and a copious discharge. At the end of the month it was removed, a complete union having taken place, and in a few days the patient began to bear gently on the limb, and was discharged cured, about six weeks after his admission. He returned again on the 10th of July, with the limb flexible, in the situation of the fracture, and unable to sustain his weight. He stated that being dis-

charged, he employed it very much in digging and walking, being, as he expressed himself, so proud of his recovery, that he thought he could not use the limb often enough. By the aid of rest, full diet, a glue bandage, splints along the limb, and the iodine lotion, the thigh is becoming gradually firmer. He is at present walking about with the assistance of a stick.

We may here remark, that in enumerating in our last No. the cases of ununited fractures successfully treated by the seton, we omitted to notice a case of ununited fracture of the humerus, cured by this measure, related by Dr. Robert Baxter, in the New England Journal of Medicine, vol. VII. p. 150.

It must be truly gratifying to the ingenuous surgeon who devised this mode of treatment, to learn the success which has so frequently attended its employment, and the amount of human suffering, which has thereby been saved.—*Amer. Journ. of Med. Sciences.*

17. *Removal of the Penis by Ligature.*—In our last number we described Professor Graefe's method of amputating the penis by the ligature, and alluded to some cases related by Dr. Michaelis, in the *Journal der Chiruigie and Augenheilkunde*, Band XIII. Stuck 2, in which this operation had been successfully practised. We confess we cannot understand how a ligature can be placed on so sensible a part with so little pain to the patient as is said to have been experienced in these cases. We give an abstract of them as related in the Journal alluded to.

Case I.—A man aged twenty-nine, affected with a venereal ulcer of the glans, had at first recourse to a mercurial treatment, under which the disease rapidly disappeared, but it reappeared some months afterwards, and resisted every measure. The ulcer affected one-third of the glans, and penetrated as far as the fossa navicularis. The patient was a prey to a mercurial fever, which had reduced him to an extreme degree of emaciation. The mercurial affection was relieved, but the ulcer did not cease to advance. Finally at the end of a year he went to Berlin, and applied to M. Graefe, who removed the diseased part by a ligature. He introduced into the urethra a silver sound, afterwards he strangled the penis immediately behind the corona glandis, be a ligature drawn very tight. The patient supported this operation with the utmost indifference. The same night the part beyond the ligature was insensible and the ligature could be drawn tighter without producing any pain. The second day thediseased part was detached and the sound was withdrawn; the cure was rapid, and the patient left Berlin in about a month. Case II. was that of a man aged thirty-five years, with a carcinoma, which occupied the half of the penis. The operation was performed as in the preceding case, and the patient suffered but little pain. At the end of twenty-four hours the strangulated part was removed. Case III. a man aged sixty-two, with carcinoma of the penis originating in the prepuce. No accident resulted from the operation, and the wound cicatrized so promptly that the patient left the hospital on the 10th day. The fourth case

was also one of carcinoma. It occupied nearly the whole of the penis. The patient was perfectly cured by the ligature in about fifteen days. —*American Journ. of Med. Sciences.*

18. *Poisoning by Mouldy Bread.*—Dr. Westerhoff was called, in 1826, to two children of a poor laborer, who had been simultaneously attacked with the following symptoms. The eldest, aged ten years, had his face red and swollen, his countenance was animated and bewildered, tongue dry, pulse feeble and quickened, head-ache, giddiness, unextinguishable thirst, violent colic, desire to sleep, and alternate unsuccessful efforts to vomit, subsequently sudden vomiting and very abundant alvine evacuations, after which very great faintness, indifference to every thing, and sleep for moments at a time. The younger, aged eight years, was rather more violently attacked than his brother. Dr. W. having understood that they had eaten, the preceding day, only a piece of old, mouldy, rye bread, prescribed a demulcent treatment, and they soon recovered.

Some time afterwards, several boatmen having eaten some mouldy rye bread, were attacked with similar symptoms, but they were quickly relieved by vomiting, which came on spontaneously. Dr. W. asks whether this kind of poisoning arises from an alteration in the quality of the bread, or from the vegetation which has been called mouldiness.—*Archives Generales.*

19. *Case of Spasmodic Asthma relieved by Inhalation of Ether, Conium, and Ipecacuanha.*—A married lady, aged thirty-six, had been subject to attacks of spasmodic asthma for some years past, from which she obtained relief by the use of antispasmodic and expectorant medicines; but her stomach was often disordered by their influence, and she had recourse to them with reluctance. I was desirous of trying the comparative power of inhalation, and prescribed, for this purpose, a mixture consisting of æther, conium, and ipecacuanha. I subjoin a statement of its effects in the words of the intelligent patient.

"I inhaled the medicated vapour during fifteen minutes before going to rest. The first sensations it occasioned me, were slight fatigue in breathing, and an aching pain in the breast, which, however, subsided by degrees; and when expectoration took place, which occurred copiously within half an hour after the inhalation, I felt completely relieved. Afterwards in the course of the night, whenever I awoke, (instead of feeling the oppression and the difficulty of breathing which often distresses me,) expectoration, without effort took place, and breathing easily and freely, I then slept again immediately. Usually, whenever I awake with the sensation of tightness across the chest, I do not sleep for an hour or two afterwards.

"During two days after the inhalation, slight expectoration continued; and ever since, (now ten days,) my breathing, both night and day, has been perfectly free."—*Scudamore on consumption.*

20. *Death from Inhaling Nitrous Ether.*—The only case of this kind we recollect to have seen recorded is in the *Midland Medical and Surgical Reporter*, for August last. The subject of this was a case female servant; she was found dead in her bed, lying on her right side, with her arms folded across the breast as in a profound sleep, and the features not at all disturbed. On examination, "the coats of the stomach was found a little inflamed, with a small quantity of fluid in it, not exceeding one ounce—there was no gritty substance in this organ. The intestines leading from the stomach appeared turgid." The lungs were in such a high state of congestion as to prevent the passage of air through the cells. A large jar containing upwards of three gallons of spirits of nitrous ether, was found in the patient's room, broken, and the the contents spilled, and the apartment being small, the atmosphere was highly impregnated by the spirit, which was no doubt the cause of death.

It is much to be regretted that the examination of the body was confined to ascertaining the state of the lungs and stomach. The condition of the brain, the heart, and of the whole alimentary canal; the state of the blood, and the appearances of the surface of the body should have been described.—*Glasgow Med. Journ.*

Test for distinguishing different kinds of Rhubarb.—According to M. GEIGER, the iodureted hydriodic acid produces different colours in different kinds of rhubarb, which enables us to distinguish them. Thus it gives to Muscovy rhubarb a green tinge—to China rhubarb a brown tinge—to English rhubarb a deep red color, and to that of France a blue one.—*Journal de Chimic Medicale, Sept.* 1830.

21. *New operation for Ectropion.*—Dr. J. F. Dieffenbach, of Berlin, has described, in a late number of *Rust's Magazin*, the following operation for the permanent cure of everted eyelid. A semilunar incision is first made through the skin, a few lines within the edge of the orbit. This incision is to be made directly in the centre of the lid, and should occupy about two-thirds of its extent. The lip of the wound next the tarsus, is to be dissected up, so as to loosen a considerable portion of the everted tarsus, when the whole thickness of the lid is to be cut through to the extent of the external wound. A small pair of forceps being now introduced into the wound, that portion of the conjunctiva to which the tarsus is attached, is to be drawn out at the external orifice; and the edges of the wound, together with the retracted conjunctiva, are to be held together by means of from three to five small needles, over which a thread is to be passed, as in the hair-lip suture.—*Ed. Med. and Surg. Journ.*

22. *Opacities of the Cornea.*—Dr. Shortt says that he is inclined to believe that, in one or two instances, strychine applied for the cure of amaurosis, was beneficial in removing opacities of the cornea, probably by its highly stimulating property occasioning rapid absorption. —*Ib.*

23. *Cure of Subcutaneous Nævus by the Seton.*—Mr. Fawdington, of Manchester, has published in the North of England Medical and Surgical Journal, for August last, three cases of nævus cured by seton. He advises the remedy in cases where the size of the tumour precludes the use of the knife, caustic, or ligature, and states that it will be used with more success than tying the artery which supplies the tumour, and that it is followed by scarcely any disfigurement. The skein of thread should be large enough to fill up the apertures made by the needle, and thus to arrest hemorrhage, and, by using this precaution, a sufficient degree of irritation will be produced to excite inflammation and suppuration throughout the diseased mass. The first case was that of a fine male infant, about three years and a half old, who had a nævus between the angle of the jaw and mastoid process, extending upwards to the zygomatic arch. The whole formed an oval tumour, which measured five inches and a quarter in its long axis, and four inches transversely. It had no pulsation, was purplish, soft, and compressible, and had large veins on its surface. A skein of common sewing thread was passed through it with a saddler's needle, and no dressings were applied. On the third day the tumour was inflamed, and on the sixth, in a state of suppuration; on the tenth, resembled the site of an abscess or common bile, and at one part but a portion of the tumour remained, through which a seton was passed with similar results. In four months there was not a vestige of the original disease.

The second case was that of an infant ten months old, who had a nævus on the forehead. A seton partially removed it; a solution of sulphate of copper was applied, which produced inflammation and suppuration, but a second seton was required to complete the cure.—*Lond. Med. and Surg. Journ., Sept.*, 1830.

24. *On Lithoplatomy.*—By M. S. Buchanan, M. D.—Case I. Mrs. Grant, aged 50, of full habit of body and lax fibre. Has been subject, for many years, to calculous complaints, but, till lately, would never submit to examination. On the 29th of July last, was admitted, under my care, into the Royal Infirmary, and calculi of various sizes with ease detected lying at the neck of the bladder. In addition to the usual symptoms attendant on this painful disease, she had the most complete incontinence of urine I ever saw, the bladder having become much contracted, its coats thickened and constantly discharging white ropy mucous from its internal surface. Extensive excoriation of nymphæ, labia, nates, and thighs, was the consequence, and considerable paralysis of inferior extremities had of late rendered her a most pitiable object.

Immediately on admission, I ordered her bowels to be well opened, anodyne injections to be administered, and the warm bath to be used; and, on the 3d day of August, with consent of consultation, I dilated the urethra with Weiss' instrument, and extracted, with the aid of a small pair of forceps, three stones, two of them about the size of filberts, and the third about the size of a walnut. She experienced lit-

tle pain during the process of dilatation, which occupied about seven minutes. The incontinence of urine, and consequent excoriation of nates, &c., in a short time disappeared; and when she left the house, about three weeks after the operation, she could walk from one end of the ward to the other without assistance, her general health having at the same time greatly improved.

Case II. Robert Brock, a gentleman's servant, was admitted, under my care, into the Infirmary, on the 11th of August last. At that time a stone could be felt in the urethra, a little anterior to the bulb. It had advanced thus far about a fortnight previous to admission, and, from its position, now caused excruciating pain. He stated, that from his infancy he had labored under symptoms unequivocally indicating stone in the bladder, but till lately would not consent to be sounded. This operation was repeated with great care by several surgeons in this city, some months previous to admission, without any stone having been detected; and various means were also adopted, the fortnight prior to the 11th instant, to get the stone dislodged from its situation in the urethra, by the introduction of catheters and bougies of the largest size, to the spot where it seemed sacculated; and also by the trial of various kinds of urethral forceps, assisted by the warm bath, &c., but all to no purpose.

The gentlemen who met in consultation on his admission, were so convinced that no further trials of the above kind would succeed, that he was immediately placed on the operating-table, secured as for lithotomy, a grooved staff introduced as far as the stone, and, with one stroke of the knife, the urethra was incised to the proper extent, and the stone extracted. The operation was the affair of a moment, and was so free of pain, that the patient seemed astonished at having handed to him the cause of all his misery.

The stone measured two inches and eight lines in its largest circumference, and one inch and ten lines in its smallest; it was convex on its one side, and flat on the opposite, with a small nodule in the centre of this last, indicating that it was the smaller segment merely of a larger stone, which must still be in the bladder. This was made more evident, not only from the very sharp edge of the flat surface above described, (which had very much the appearance of having been recently broken,) but also from the concentric layers of lithic acid, which were observed when sawn through its largest diameter by the lathe. On the 14th, the wound in the perineum was completely healed, and no symptoms of calculus remained. He has been frequently sounded since, without any stone having been discovered, and, in consequence of feeling in every respect well, he was dismissed cured.

Query 1st. Is there any instance on record in which a stone of such dimensions was passed thus far into the urethra from the bladder?

2d. In what manner shall we account for the section or fracture of this stone in the bladder, no instrument having at any time detected it till its exit from this viscus?

3d. Why is the alleged remaining half unable to be discovered by the most careful sounding, as the first was, previously to its escape from the urethra?

But if, notwithstanding all that has been advanced, it is denied that the male urethra is capable of dilatation in the manner suggested, another method remains to be discussed, of more importance by far than any to which I have hitherto adverted, and to which I am inclined more particularly to apply the term lithoplatomy.

The operation I allude to is that by which the male urethra is converted into a female one, and thus the difficulty and danger of both lithotomy and lithotrity is, at one step, superseded by lithoplatomy.

For the purpose of effecting the first part of the operation, the patient must be secured as for lithotomy; a grooved staff is introduced into the bladder; the membranous part of the urethra near the prostate incised, to the necessary extent, to admit the lithoplatome; and then, having withdrawn the staff, the operation of dilatation of the remaining part of the urethra, prostate, and neck of the bladder, will be, with nearly the same ease, safety, and effect, accomplished by means of my lithoplatome, as in the female.

That there are many objections to the above method of operating for stone, I must at once admit; and, until I can give it a fair trial on the living subject, I shall not contrast it either with lithotomy or lithotrity,—judging, however, from what I have already experienced in the female urethra, and, on the dead subject, in the male, I am not the least afraid of the result. I shall only add further, that, if the operation of lithoplatomy does come up to my expectations, and that, of many judicious and talented surgeons here, to whom I have mentioned it, how much will suffering humanity be relieved, and the labors of the surgeon facilitated.

But lest it should be said that the operation of lithoplatomy which I have above described, and so strongly recommended, is nothing more than the apparatús major, the Marian method, that of Le Cat, Le Dran, or Pajola, let any one take a glance at these methods of operating, and the difference must at once strike him. * * * It is the principle, I once more repeat, of *slow* and *continued dilatation*, by the *instrument* which I have recommended, applied to the *whole* or a *small part* of the *male urethra*, for the extraction of calculi, which alone constitutes my improvement of this part of surgery.

In stricture of the urethra, could a very slender lithoplatome, introduced through the constriction, not be made to overcome this more safely and more speedily than either the simple or armed bougie, or conical sound? If the instrument cannot be passed through the spasmodic or organic contraction of this canal, could it not, by its introduction as far as the stricture, and kept steadily in its place, be made, by gentle dilatation, to overcome this disease, or at least allow of armed bougies, or sounds, being more safely made to act in accomplishing their object?—*Bost. Med. and Surg. Journ.*

25. *Observations on some Cases of supposed Rheumatic Affection of the Lower Extremities in Females*, by Madame Boivin.—It will be some time before we see such minute pathological investigations from the pen of a female writer in this country, as Madame B. occasionally sends forth into the medical world! But we shall let the lady speak for herself.

Case 1. A female, fifty-five years of age, the mother of seven children, had always enjoyed good health till the age of fifty-two, when she was seized with pains in the iliac regions, and in the lower extremities The catamenia had been suppressed sometime previously. Leeches, frictions, anodynes, warm baths, and various other means were used, without any relief. The menses returned; but the pains persisted. They were considered Rheumatic. A discharge of blood now took place from the uterus, and continued more or less, for many months, without exciting any suspicion in the mind of the medical attendant, till Madame Boivin and M. Dubois were consulted, when they discovered an enormous cancer of the uterus, together with an ovarian disease causing adhesions about the pelvis, which no doubt gave origin to the pains considered rheumatic. She was sent from the *Maison de Sante* into the country to die.

Case 2. This case shows the danger of a too speedy return to occupations after an accouchment.

A female did not menstruate till the age of twenty; but, after that period, had the catamenia regularly continued till her 29th year, when she became pregnant, and went into the hospice of the École de Medicine for accouchement. Her delivery was rapid, the labor only continuing one hour. On the *third* day, the female returned to her master's house, and took to her usual avocations of cooking. But she was soon seized with violent fever, swellings of the mammæ, pains in the abdomen, in the left iliac region, to which leeches and fomentations were applied. She was sent into the hospital Necker, where she was properly treated, and comparatively cured; but still there remained a tumor in the left iliac region, with pains in the hip and thigh, which were considered rheumatic by her subsequent medical attendants. She ultimately came under Madame Boivin's observation in a *Maison de Sante*, and on accurate examination, the os uteri was found to be thrown out of its proper situation; to be hard and enlarged; while a tumor was felt occupying the iliac region, which was considered as a diseased ovarium. By proper treatment the symptoms were much mitigated; but she was discharged uncured.

Several other cases are related by Madame Boivin, to show how frequently medical men confound the pains resulting from organic disease in the pelvis, with rheumatic pains in the lower extremities. These we need not detail. The above are sufficient to put practitioners on their guard.—*Medico Chirurg. Review.*

26. *Camphor.*—Libri has mentioned a curious circumstance regarding odoriferous bodies, such as camphor; that if they be exposed to a current of electricity for a considerable time, their smell diminishes, and

at last disappears entirely. After a lapse of time, camphor again recovers the power of emitting odors.—*Edenb. Jour. of Science.*

27.—*Economic Lighting.*—At the Tulloch Bleachfield, a young man named A. Reed, has constructed an apparatus, by which he is enabled to procure from the wood, which they are in the practice of burning, in order to obtain acetic acid, gas sufficient to light the whole premises. By this ingenious device, a most important saving is effected—since no more wood is necessary for both the gas and the acid, than was formerly used for the acid alone.—*Bost. Med. and Surg. Jour.*

II. Original Intelligence.

28. *Biographia Medica.*—We propose to unite in a short article, a sketch of the lives and character of two friends, (claimed as such by ourselves, and claimed by each other,) Dr. John D. Godman, and Dr. Robert Best. A full biography is not intended, as much (not too much) has been already published of the former; and the latter has left behind him too few memorials of the genius with which he was signally endowed, to justify an extended notice.

Several reasons suggest to us the association of these names in one article. The deceased were physicians and naturalists; they were both (but especially the latter) in great degree destitute of early education; each was without the benefit of patrimony; each was apprenticed to a trade;—at which one of them labored for many years; early and deeply smitten with the love of nature, each forsook the workshop, and dedicated himself to the study of physical science; in 1821 they became acquainted, each discovered in the other a sympathy of feeling, an ardent friendship sprang up, and when separated, it was cherished by an affectionate correspondence; at length, each embraced the christian religion, and wrote to the other of the spiritualities which lie behind the veil of that nature which they had admired together; finally they both fell victims to a pulmonary disease, and descended into the 'valley and shadow of death' in the same year.

Of Dr. Goodman's early years, we have received a number of interesting memoranda, from his first medical preceptor, Dr. Luckey, now of Circleville, in this state. According to this gentleman, Dr. G. Was born at Wilmington, in the state of Delaware. At an early pe iod he lost his parents, and was left without patrimony, or deprived of it. Dr. Luckey first saw him in 1810, when he was 15 years old. The Dr. was, at that time, a senior student in the office of Dr. Thomas E. Bond, of Baltimore. "The office" says Dr. L., "was fitted up with taste, and boys, attracted by its appearance, would frequently drop in, to gaze on the labelled jars and drawers. Among them I discovered, one evening, an interesting lad, who was amusing himself with the manner in which his comrades pronounced the 'hard words,' with which the furniture was labelled. He appeared to be quite an adept in the Latin language. A strong curiosity soon prompted me to inquire "Who are you?" "Don't you recollect" says he, "that you visited a boy at Mr. Creery's, who had a severe attack of bilious colic?" "I do. But what is your name my little boy?" He was small of his age. "My name, sir, is John D. Godman." "Did you study the Latin language with Mr. Creery?" "No, he does not teach any but an English school." "Do you intend to prosecute your stu dies alone?" "I do. And I will, if I live, make myself a Latin, Greek, and French scholar."

In the autumn of 1811, Dr. Luckey commenced the practice of medicine in Elizabethtown, Pennsylvania, and the next summer received a letter from his *protogee*, stating that he had been bound an apprentice to the printer of a newspaper. With this business, he was, from the beginning, exceedingly dissatisfied, as he evinced in his numerous letters to Dr. Luckey.

In one of these, dated July 23d, 1812, he expressed the opinion, that it was worse than 'cramping his genius over a pestle and morter'—it was 'cramping it over a font of types, where there are words without ideas.'

Addicted to reading, and aspiring to a more intellectual pursuit, it is not probable that our young printer was much devoted to the drudgery of the office, or performed his duties *con*

amore; which may sufficiently explain the origin of the difficulties, set forth in the following paragraph from a subsequent letter to the same.

"Every thing is in *statu quo* with me. The same series of oppressions, impositions and insults are still my lot to bear. But I will not bear them long. From the oldest to the youngest, master and man, all seem to have a disposition to peck at me. You will (or may be) surprised to hear that I can never make a printer. It is an erroneous opinion of some people, that no one can be a printer unless he be a scholar. On the contrary, scholars can hardly, if at all, be printers. I would not wish you to think that I count myself a scholar. On the contrary I think myself no scholar."

The following extract from another letter, dated October 23d, 1813, shows that, at this early period, young Godman was threatened with the malady which ultimately destroyed him.

"The disease for which I mentioned a recipe in my last has commenced its direful effects on my poor body. A continued pain in my breast, and at night, a slow but burning fever, convince me that I am travelling down a much frequented road to the place where disease has no effect. This my friend is no phantasy. I do not say it from affectation. I feel it. I cannot believe in this disease being contagious, or I should be certain that I have caught it. I sleep with a youth who was born with it and has it fully."

In the opinion of Dr. L., the deceased, at that early period, labored under a hypertrophy of the heart.

Through the whole of his apprenticeship, young Godman had a strong desire to study medicine, but his guardian was opposed to any change of destination. Early in the month of January, 1814, he writes to Dr. L.—

"At the suggestion of Dr. Anderson, I have determined to commence the study of Chemistry, as he says it will be a great improvement to the mind, and more so, I may be enabled, the ensuing season (if I should live so long) to attend the Lectures at the University (of Maryland,) and it seems to run greatly in Dr. A's head that I shall one day be a physician. How far this surmise may be right, time will disclose. It may indeed so happen, and should I study Chemistry, now, I shall not have it to do at a future period. I must, however, ask your opinion in this affair."

On the 24th of the same month, he writes to the same gentlemen—

"I have read the catechetical part of Parke's Chemistry, and I can assure you I liked it not a little. But my knowledge, so far as I may obtain it, will only be theoretical."

In the same letter he sets forth his early views of the Christian religion:

"I have not ever had a fixed determination to read the works of that Modern Serpent,* nor had I determined *not* to do it; and it seems to me surprising, that a fellow student of yours should recommend the perusal of such writings as Thomas Paine's.

I had, thank Heaven, before I asked you the question, and still have, the "Apology for the Bible," by the celebrated Lord Regius, of Landaff. (Bishop Watson.) There is a great comfort in the belief of that glorious doctrine of salvation, that teaches us to look to the Great Salvator for happiness in a future life; and it has always been my earnest desire, and I must endeavor to die the death of the righteous, that my last end and future state may be like his. It would be a poor hope indeed—it would be a sandy fountain for the dying soul, to have no hope but such as might be derived from the works of Bolingbroke and Paine; and how rich the consolation and satisfaction afforded by the glorious tidings of the blessed Scriptures. It is my opinion, there has never one of these modern deists died, as their writings would lead us to believe; nor are but few of their writings read at the present day."

In the year 1814, when the war raged in the Chesapeake, he became a sailor under Com. Barney, and was engaged in the service at the bombardment of Fort McHenry. Early in the next year, Dr. Luckey, captivated by his genius, and touched by his misfortunes, resolved to invite him to his house, in Elizabethtown, and afford him all the facilities in his power for studying the profession to which he aspired. It does not appear how he had rid himself of his apprenticeship; but he seems to have been at liberty to accept the Doctor's generous invitation. This he did, with emotions of joy which are uttered in the following simple and affecting reply, dated April 4th, 1815.

"I have this hour received your last letter, and I can assure you, that language is inadequate to express to you my sincere, unfeigned joy, for the pleasing news you have communicated to me. Let the manner in which these lines are penned, convince you of the state of my

* Thomas Paine.

mind at present. I was, 30 minutes before I received your letter, on the point of going to a printer, in this city, to seek employment, and, but for Providence, I should have done so. You may suppose that, as soon as I read your letter, I abandoned this intention and returned to my sister's house,* "with fire in each eye and paper in each hand," to answer your epistle of friendship's own dictating. I must lay this aside for a short time, till my mind becomes settled and undisturbed. I stopped at the line above, in order that I might recover a small degree of composure, in order to express myself as I ought, to so good a friend. I will certainly comply with your request, should it please God to continue my health and strength during the ensuing week. Should it please the mercy of Providence to suffer me to take up my residence with you, I shall endeavor, by the most indefatigable study and diligence, to give you the satisfaction your kindness to me deserves. I am in hopes that I shall be able to come some day in the course of the next week; but, as my journey must be a pedestrian one, I should not wish to mention a particular day."

"On the 10th of April, four days after the date of this letter, he arrived" says Dr. L., "at my house, and took up his residence in my family. He made his promise good, for in *six weeks* he had acquired more knowledge in the different departments of medical science, than most students do in a year. During this short period he not only read Chaptal, Fourcroy, Chesselden, Murray, Brown, Cullen, Rush, Sydenham, Sharp, and Cooper, but wrote annotations on each, including critical remarks on the incongruities in their reasonings. He remained with me five months, and at the end of that time, you would have imagined from his conversation, that he was an Edinburgh graduate. When he sat down to study, so completely was he absorbed by his subject, that it seemed as though the amputation of one of his limbs would scarcely withdraw his attention."

A circumstance having no connection with the relation between him and his benefactor, but involving them both, led to premature separation. One or both of them were requested by the political party to which they belonged, to deliver orations on the approaching Fourth of July. Dr. L. began at the appointed hour, and went through with his discourse, but attempts were made by the opposite party to offer insult and create disturbance; at which our young orator became indignant;

* Mrs. Stella Miller, of Baltimore.

and, yielding to the impulse of his strong native feelings, not only refused to deliver what he had prepared, but resolved on returning forthwith to Baltimore. His oration was left with his preceptor, who speaks of it as not unworthy of Patrick Henry.

Departing from Elizabethtown, he returned to Baltimore, and became a pupil of Dr. Hall; and, in the succeeding autumn, began to attend the lectures in that city. His pecuniary difficulties, however, were pressing, and, in the ensuing February, 1816, he wrote to his benefactor, in the following eloquent and affecting style:

"Need I then inform you how high my expectations were raised, when I commenced attending the lectures this winter—Need I say I was almost certain of future competency? Alas! my friend, the Great Ruler of Events has interposed, (in order to teach me resignation to his will,) this heavy disappointment By unforeseen events—by domestic calamities, I have been compelled to relinquish the study of medicine, so long the ultimatum of all my hopes. FATHER OF ALL, THY WILL BE DONE. I have made this my motto—my consolation; and did I not daily see the truth of "*Omnia pro optimo*," I might perhaps repine. I am now in expectation of a situation with an eminent apothecary of this city, and I may be enabled, at a future period, to recommence the study of medicine."

This situation however he did not obtain.

"Let me now give you a retrospect of 'the days of my life.' Since I have returned from you, I have discovered my *real* age, in an old book of my father's, (and you would hardly suppose it,) I was 21 years old the 20th day of December, 1815. Before I was two years old I was motherless—before I was five years old I was fatherless and friendless—I have been cast among strangers—I have been deprived of property by *fraud*, that was mine by right—I have eaten the bread of misery—I have drunk of the cup of sorrow—I have passed the flower of my days in a state little better than slavery, and have arrived —at what? Manhood, poverty, and desolation. Heavenly Parent, teach me patience and resignation to thy will."

About this time he seems to have found a patron in Professor Davidge, and, on the 18th of April following, he wrote to Dr. Luckey—

"I still continue to study with Dr. Wright, (the partner of Dr. Davidge,) and provided it shall be the will of Heaven, I may possibly

procure admission in the course of the next year into the venerable circle of Medicine."

In speaking of his perplexed and embarrassed situation, and of the mutations of fortune, he says—

"There is only one thing which points to, and affords immutable consolation, and that is, the observance of Religion. Although we should be incapable of reaping enjoyment in this world, even from uninterrupted prosperity, yet we can ardently long for, and sincerely believe, we may be eternally happy in the next."

In this situation he finished his medical situation. In the language of Professor Sewell*—

"Here he pursued his studies with such diligence and zeal, as to furnish, even at that early period, strong intimations of his future eminence. So indefatigable was he in the acquisition of knowledge, that he left no opportunity of advancement unimproved, and notwithstanding the deficiencies of his preparatory education, he pressed forward with an energy and perseverence, that enabled him not only to rival, but to surpass all his fellows."

He appears to have attended the lectures in the Baltimore school, through the sessions commencing in the autumns of 1816 and 1817. In the course of the last, Professor Davidge was disabled, by an accident, for several weeks, and Mr. Godman was appointed to supply his place. This, as he had been an apprentice to a trade, not three years before, in the same city, was an honorable testimony to his talents and industry, and must have been highly gratifying to his ambition. According to Professor Sewall, (*loco citato*)

"This situation he filled for several weeks with so much propriety—he lectured with such enthusiasm and eloquence, his illustrations were so clear and happy, as to gain universal applause; and at the time he was examined for his degree, the superiority of his mind, as well as the extent and accuracy of his knowledge were so apparent, that he was marked by the Professors of the University as one who was destined at some future period, to confer high honor upon the profession."

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* Eulogy on Dr. Godman, p. 4.

In reference to his graduation, on the 10th of February, 1818, he wrote to his friend, Dr. Luckey, in these emphatical words:

"I know not what to tell you for news, unless I tell you that I passed my graduate examination, on Saturday; (Feb. 7,) which lasted 20 minutes; and, of course I have now the 'vast unbounded prospect all before me;' though 'shadows clouds and darkness rest upon it.' I will go to the country to practice, most probably to Frederick County."

In the United States, it is common to see young men, without preparatory education or fortune, become practitioners of medicine; but most of this class struggle into the ranks of the profession, totally unprepared; and depart from it for other pursuits, or for the grave, unknown and unhonored by the scientific world. *Such* an admission, must not be confounded with that of young Godman; who scorned to enter the profession unqualified and unauthorised by those who guard, or ought to guard, its portals. In this respect he was a shining example; and his subsequent success should animate every friendless young man, who may engage in the study of medicine, to imitate his industry and unfaultering perseverance. By these means, if not blessed with his genius, they may prepare themselves for extensive usefulness, and earn respectability if not renown.

We come now to contemplate Dr. Godman, as a member of the profession. His first location was in the village of New-Holland, on the banks of the Susquehannah; where, however, he remained but a few months. The next was on the Petapsco, near Baltimore, whence, in July, 1819, he wrote to Dr. Luckey as follows:

"My success in business has been considerable, or my practice, at least, has been as extensive as I could rationally expect."—"What my success may be in the end is at present very doubtful. I still have considerable expectation of being recalled to Baltimore, in order to fill the place which I held in the University. If it so happen, I shall be much delighted, as a country life is very little, or not at all to my taste."

In these rural situations he devoted himself to the study of nature; and, at a subsequent time, set forth the fruits of his observations in a series of papers entitled, the "Rambles of a Naturalist." But his ardent temperament was little adapted to the stagnant existence of a village doctor. He thirsted for competition, and longed to engage in the rivalries which prevail among the candidates for fame. Nature seems to have urged him on. It was she who revealed to him the compass of his intellectual powers; and bid him seek a theatre commensurate with their efficiency. A different arrangement from what he had anticipated was made in the Baltimore school; he returned, however to that city, but at length boldly resolved to fix himself in Philadelphia, and become a public teacher of anatomy and physiology.

But an unexpected event gave, for the time being, a different direction to his efforts. The writer of this article was inquiring, at that time, for a suitable person to fill the chair of Surgery in the Medical College of Ohio, the first session of which had just closed; and Dr. Godman was recommended. His qualifications for the first place, were expressed by Professor Gibson, then of the University of Pennsylvania, but previously a member of the Baltimore institution, in the following unequivocal and prophetic language. "In my opinion, Dr. Godman would do honor to any school in America." He was forthwith appointed; and arrived in Cincinnati the ensuing October, (1821,) in time to enter on the second session of the school.

For the practical details of such a professorship, he could not of course be well prepared, as his surgical experience was exceedingly limited; but he was learned in the institutes of the science, and his knowledge of Anatomy was comprehensive, accurate and commanding. As a dissector, he was equally rapid and adroit. His lectures were well received by the class, who admired his genius, were captivated by his eloquence, and charmed with the *naivette* of his manners.

In the course of the session, difficulties of which he was neither the cause nor the victim, were generated in the faculty, the class was small, and the prospects of the institution over-

cast: under these circumstances, Dr. Godman resigned, but did not at that time return to the East.

Not long before, the author of this narrative had issued proposals for a medical journal, to be edited by the professors of the College, and obtained a number of subscribers; but the distracted state of the institution, prevented the fulfilment of the design. To this enterprise, as soon as he had resigned, Dr. Godman directed his attention, and, assisted by Mr. Foote, a liberal and literary bookseller in this city, in a few weeks issued the first number of the *Western Quarterly Reporter.* Thus, if not the first to project, Dr. G. had the honor of being the first to commence, a journal of medicine, in the Valley of the Mississippi. At the end of the 6th number, of a hundred pages each, the work was discontinued, for, previously to that time, its editor had returned to Philadelphia. More than 300 pages of this periodical were from his own pen; chiefly in translations and reviews of anatomy, Physiology, and Medical Jurisprudence.

Dr. Godman resided in our city for one year only; but in that short period he deeply inscribed himself on the public mind. The memory of his works still remains with us. In addition to writing for his medical journal, and to his practice, which was considerable for a stranger, he erected an apparatus for sulphurous fumigation, and translated and published a French pamphlet on that remedy; he read medical books, and many current works of general literature; prosecuted the study of the German and Spanish languages; and labelled the ancient coins and medals of the Western Museum. In the midst of the whole, he found time to cultivate his social relations; and every day added a new friend to the catalogue of those, who loved him for his simplicity and frankness, not less than they admired him for his genius, vivacity, and diligence. Thus, to use an idiomatic expression, he was a growing man, and might have remained with us and done well. But the hand of destiny was upon him. He had left the banks of the Petapsco, to be a public teacher: the same object had drawn him from Philadelphia to Cincinnati; and that object, at length, restored him to the great emporium of the medical sciences. Contrary to the wishes

and importunities of his western friends, in the autumn of 1822, with his young family, he set off for the theatre of his future glory; which he reached in safety, though not without some of the many of the difficulties, at that time connected with a journey across the state of Ohio; of which, in a letter from Wheeling to one of his friends in this city, he gave a familiar account, in all respects so characteristic, that we hope to be excused for extracting it:

"We arrived last night, after a journey which exceeded in miseries any twenty journeys I ever made in my life. Thank God, the whole has been productive of nothing worse, than some hoarseness to my wife, and a galloping consumption of my bank notes. We were thirteen days on the way, *twelve* of which gave us as heavy rains as ever poor mortals could venture to travel in; and this produced such a delightfully *soft* state of the roads, that but for the rocks, (which fortunately were not twenty feet below the surface,) we might have been extracted some thousand years hence, in a high state of preservation, to decorate Best's museum, having one of Dorfeuille's mummy labels around our necks.

If I were one of the "tristful travellers," I might draw much "matter of me ancholy" from these "misadventures," as my friend Sancho Panza calls them. But as the blessed sun of Heaven has driven forth once more in his beamy chariot, and the clouds are scattered from their long held seats, those which have loured on my mind, have also fled; and with "a light heart," I am once more preparing to encounter all the good or ill that God may send."

Of Dr. Godman's life and labors from this time forward, we shall say but little, as they are known to all the reading people of the United States, both in and out of the profession; and as our chief object is to present the difficulties and triumphs of his earlier years, for the benefit of our younger readers.

In Philadelphia he immediately began to lecture on anatomy and physiology, his first and greatest objects; and succeeded so well, that, in 1826, he was called to Rutgers' College, in the city of New-York, as an associate of Mott and Hossack.

In 1824 he was made one of the editors, (a *working* editor,) of the Philadelphia Journal of the Medical Sciences: and continued a liberal contributor to that respectable periodical, to the last weeks of his life.

At different times he published a number of interesting and eloquent introductory lectures.

He was the writer of several elaborate analytical and critical reviews, in the American Quarterly.

At the present time, actual discoveries in anatomy are no more to be expected, yet Dr. G., with admirable skill, revealed many new connections and relations of certain parts, and described them in a volume which he entitled Anatomical Investigations.

He translated and published from the Latin, French, and German languages, a variety of papers and distinct treatises; several of them on subjects not professional, as for example, Lavasseur's Narrative of La Fayette's Visit to the United States.

He wrote critical and emendary notes on several important English and continental works, which the booksellers of this country were about to publish.

The article Natural History, in the Encyclopedia Americana, was exclusively confided to him, and his labors upon it ended only with his life.

He studied the zoology of N. America, both existing and fossil, and favored us with an interesting and extended history of all its known quadrupeds, embracing a great variety of new observations.

Such were the labors of the deceased, during the seven years that he resided in Philadelphia and New York. For the whole of that period, his life was one of unmitigated toil. As far back as November, 1823, he writes to his friend Dr. Best,

"Whatever you may think of my long continued silence, it has been unavoidably produced by the incessant and laborious employments which have occupied the whole of my time."

In 1824, he writes to another friend—

"My time has been very much occupied in the various duties which devolve on me here, and I am obliged to neglect my friends, in appearance, because it is out of my power to bestow the necessary attention to correspondence."

Again, in 1825, he says to the same—

"It is needless to tell you, that I am excessively occupied, and shall be more so as the winter approaches."

In the next year we find him still in the same condition—

"If you expect news at my hands," says he to Dr. Best, "you expect in vain. My life is one monotonous round of incessant toil after bread and *fame*, that '*certain* portion of uncertain paper.' Of my success in the bread making way, I can, thank God, speak more satisfactorily, than when we last met, though still nothing to boast of."

Again in the same year he writes—

"You recollect how much and how hard I had to work, when you were here—that was nothing to what I have to do now, as vigilance and labor are incessantly demanded, not only to gain more 'reputation,' but to retain that which I have already with vast toil acquired."

In the following year after he had removed to New-York, and was there a candidate for professional business, he writes to the same friend—

"The prospects of our college are fair enough at present, but what will be the event, cannot be told until the time of trial arrives. For my own part, I am not a little sick of the life such a business occasions, and think you far better off, in a situation, where you can acquire a subsistence and respect, without the incessant worry and vexation attendant on a life of professional ambition. For my own part, I shall lay myself as much out for the profession as I can, though I fear, not the best subject for improvement in that way. My situation is such, that I am obliged to rely, in a very great degree, on my pen, and that, you will say, produces habits very little compatible with the introduction of one's self into practice, where there are so many professed bowers, scrapers, and flatterers."

In the ensuing winter he was seized with the disease of the lungs, of which he finally died, and was compelled to suspend his lectures. In the following January, 1829, he speaks to the same gentleman, of his situation and labors, in these affecting words—

"My excessive exertion, and the exposure to a dreadful climate destroyed me. My lungs became diseased, and last winter, I was threatened with so rapid a decline as to force me to escape from the climate of New-York, by going to the West-Indies. The months of

February, March, and April, my wife and I spent in the Danish Island of Santa Cruz, where I very nearly perished from my disease, though I certainly should have done so in New-York. On my return to Philadelphia, in May, I took a house in Germantown, within seven miles from the city, where I have since resided. During the warm weather I was able to creep about, but since the first of the fall have been confined to a single room. My health during all this time has been in a very wretched state; and my *consumption* very obvious indeed, for I wasted to bones and lost all my strength. Until the last three weeeks past, I was exceedingly low, unable to sit up, eat, or perform any function advantageously. Since the time mentioned I have greatly recovered in all respects. My cough is by no means troublesome, and I eat and sleep well. What is best of all is that I have never had hectic since leaving New-York, where I was not properly prescribed for. Notwithstanding all these drawbacks, I have had my family to support, and have done so merely by my pen. This you may suppose severe enough for one in my condition, nevertheless necessity is a ruthless master. At present, that I am comparatively well, my literary occupations form my chief pleasure, and all the regret I experience is, that my strength is so inadequate to my wishes. Should my health remain as it is now I shall do very well, and I cannot but hope, since we have recently passed through a tremendous spell of cold weather, without my receiving any injury. All my prospects as a public teacher of anatomy are utterly destroyed, as I can never hope, nor would I venture if I could, again to resume my labors. My success promised to be very great, but it has pleased God that I should move in a different direction."

In the following year, continuing to write for the support of his family till the last month of his existence, he was taken from them, and in him they lost their all. Twelve years of unfaultering industry, that had carried his name into all the countries where science is cultivated, had not enabled him to accumulate property; and ended by consigning him to the grave, ere he reached the noon-day of life, or had put forth, to their full extent, the vast intellectual powers, with which he was endowed. In all this, there is much more to grieve than astonish us. As a physician and surgeon, Dr. Godman's business was never considerable. At the very beginning of his professional career, his mind took a different direction. No human heart was ever imbued with a deeper thirst for knowledge, or warmed with a nobler love of glory. He made the former subservient to the latter; but the objects of his ambition were teaching and writing, not the practice of his profession. Perhaps, indeed, he adapt-

ed the aims of his ambition to his taste. He relished reading, writing, and lecturing, more than the practice of medicine; and sought to derive from them, that emolument, which, in this country, they seldom afford, and which can much more certainly, be drawn from a close attention to the practical duties of the profession. Had he possessed a patrimony, this course would have been unexceptionable: without such a reliance, no young physician should neglect the means of acquiring professional business, at the outset of his career.

Dr. Godman was, without doubt, a man of genius; but he was not, perhaps, so much the expositor, as the historian of nature. Observing, imaginative, fluent, and graphical, he abounded, less in deep and original analyses, than vivid and accurate delineations. Thus his mind, like that of Lucretius, Darwin, and Good, was poetical and philosophical; and he left him several fugitive pieces, written chiefly in his last illness, which prove that he might have shone as the poet of nature, not less than her historian, had circumstances awakened his powers.

He possessed uncommon abilities for dissection, and was accustomed, in the presence of his class, to disentangle the structures intended for exhibition; thus showing their connexions and dependences, while he described them with that clearness, animation, and eloquence, which only can render the study of anatomy attractive.

In every situation, and on every subject, his attention was active and acute, his perceptions rapid, his memory exceedingly retentive, and his rationation, profound and analytical.

For languages, he had both taste and talents; and, succeeded in acquiring a practical knowledge of a greater number, perhaps, than any American physician who had preceded him.

The qualities of his heart harmonized with those of his head. They did honor to the profession, and inspired confidence wherever he went. To pure moral habits, and incorruptible honesty, he added that unsuspecting frankness, and all those fine and glowing sensibilities, which at once excite our respect, and win our affection.

But it is not our design to attempt an extended delineation of his character, and we shall close an article already prolonged

far beyond our original intention, with his own statement of his opinions and hopes, in regard to that world of which he is now a 'bright inhabitant.'

In his last letter to Dr. Best, who followed him in a few months, he writes:—

"It gives me great happiness to learn, that *you* have been taught, as well as myself, to fly to the Rock of Ages for shelter against the afflictions of this life, and for hopes of eternal salvation. But for the hopes afforded me, by an humble reliance on the all-sufficient atonement of our blessed Redeemer, I should have been the most wretched of men. But I trust, that the afflictions I have endured, have been sanctified to my awakening, and to the regeneration of my heart and life. May we, my dear friend, persist to cling to the only sure support against all that is evil in life, and all that is fearful in death."

Thus fell, from the firmament of the American profession, before he had reached his meridian splendor, one of the brightest stars which have yet risen above its horizon; but he was one only, and, we may hope, that his own example will contribute to place some other in the constellation.

We have devoted so great a space, to extracts from the letters of Dr. Godman, that our notice of his friend, Dr. Best must be condensed; but this we regret the less, because, in Dr. Best, we behold the existence of great powers, rather than the attainment of great distinction. Such an one may be admired by his friends, but they have no right to exact the admiration of others. We do not, however, admit, that the object of our own affectionate respect, has no claims upon that of the profession, in this country. On the contrary, we see, in his history, not a little that deserves to be recorded for the information of others; who, placed under circumstances far more auspicious, too often accomplish far less. Indeed, we shall take the liberty of saying, that, throughout the United States, a *majority* of the profession, seem to have few aspirations after fame; no *quenchless* love of science; and, but small regard for the interests and dignity of the honorable calling, to which they belong. It is cheering, therefore, to meet with men of genius, who rightly

appreciate its character, acknowledge its claims, and, conscientiously, devote themselves to the means of advancing its reputation. Of this little band, Dr. Best was one, who, in the fullness of years, would have become a bright and beautiful model.

He was a native of Somersetshire, England, and was brought to the United States, when 12 years of age. About the year 1803, his father settled in this town. Of his childhood, we know but a single fact, which is, that he never went to school but three months. His father, a man of strong and philosophic intellect, was poor, and had several sons, whom he brought up to his own trade—that of a watch and clock maker. Our first knowledge of Robert, the subject of this notice, dates back to the time of his apprenticeship, when he devoted all his leisure hours to the study of Chambers' Cyclopædia, and a few old books of Natural Philosophy, Anatomy, and Natural History, which his father had, at different times, picked up for his own perusal.

In due time, he became a master workman, and established himself among us as a candidate for business. As a silversmith, (having added that business to the other,) he was distinguished for taste, and an accurate and comprehesive knowledge of every chemical art, connected with *Metallurgy*. As a watch-maker, he was equally remarkable for his acquaintance with the principles of *Horology;* like Rittenhouse, having scientifically studied the mechanism of clocks, watches, and chronometers, which, the majority of artists, look at only with the eye of empyricism. But his skill was not limited to instruments of this kind. It extended to those which are employed in all the experimental sciences; and his studies and labors upon these, not unfrequently withdrew his attention from the current details of his trade, and abridged its productiveness.

In all this, his friends saw a love and power for scientific knowledge, which made them feel sorry that he had not been born under circumstances more congenial to his taste, and propitious to his genius. At length an opportunity for transplanting him arose, and he was placed in a new situation.

In the year 1818, a number of public spirited citizens projected the Western Museum, now one of the brightest ornaments of our city; and Mr. Best was appointed its Curator and Artist. It was his duty to preserve, arrange, and label the various productions of Nature and Art, and no employment could have given him greater delight. He applied himself, anew, to the study of the sciences involved in this labor; and soon manifested attainments corresponding, in some degree, with his skill as a maniputator. In the depths of winter he visited the Indian country, and returned with the skins of many of its rarest animals, among the rest of the panther, which Dr. Godman has figured in his Natural History, where he has also published a long letter from Mr. Best, on the habits of that animal. He explored our fields and forests and streams, and brought home specimens of their inhabitants, which he preserved, and "set" with a degree of taste and skill, which we have not seen equalled in the United States; while he embellished the cases in which they were enclosed, with landscapes, which proved him a painter of strong and original powers.

The establishment being, at length, opened for public exhibition, and arrangements made for instruction by lectures, Mr. Best was called upon to teach, and in the autumn of 1820, delivered a course of experimental lectures on Electricity, which did him much credit. About the same time, he was appointed assistant to the professor of chemistry, in the Medical College of Ohio; and throughout the first session of the institution rendered important aid to that chair. But the class of the college was small, and the funds of the Museum society, too limited to afford him the requisite salary; and being offered the place of lecturer on Pharmaceutic Chemistry, in Transylvania University, at Lexington, he resolved, in the spring of 1823, to remove to that town; and, as connected with his official duties, to undertake the management of a chemical laboratory and warehouse, for drugs and medicines. Meanwhile, he had determined on making himself a physician; and, in addition to occasional readings, in the hours not otherwise appropriated, attended many of the lectures, and was thus growing every day

in professional knowledge. His own lectures were distinguished for clearness and accuracy; his views were deep and analytical; and he called upon his pupils to descend with him into the depths of the science. To aid them, he compiled, during his second course, a number of tables; to which he prefixed a discourse, abounding in evidences of an intimate acquaintance, with some of the most recondite subjects of chemistry; and published the whole, under the title, of *Tables of Chemical Equivalents, Incompatible Substances, and Poisons, and Antidotes, with an Explanatory Introduction.* This was his only publication.

In the year 1825, he applied himself more diligently to the study of medicine, becoming, in the winter, a student of practical Anatomy, which he prosecuted with a degree of success, that we have never seen equalled; and which led to the remark, by his friends, that his talent for Anatomy was still greater than for Chemistry. During this winter, in conjunction with a student of the University, he repeated most of the experiments previously made by Magendie, and Coates and Lawrence, on the absorption of active substances into the circulation, and verified their conclusions; as we have stated in the first number of this Journal. In the spring of 1826, at the age of 34, he was graduated, and immediately commenced the practice of physic and surgery.

He was not slow in acquiring public confidence. Society had marked him as a man of the first order of talents, and his bland and simple manners, his great humanity, and his devotion to the sick, gave him, from the beginning, a practice which rapidly increased till the commencement of his last illness. As a surgeon, he was dexterous in the highest degree; as a physician, few that we have ever known, at any period of their lives, possessed a more admirable sagacity. It was impossible not to believe, that nature had destined him for great eminence in the practice of the profession; and had he lived, the zeal and genius, which, in despite of poverty, in the absence of all early education, and unassisted by powerful friends, had, in a few years, at middle life, raised him from the workshop, to merited and equal association with the most distinguished physicians of

the region where he resided, must, ultimately, have enabled him to enlarge the boundaries of our science.

As it is, we can only present him, in connection with his friend Godman, as another evidence, that in this country, no disadvantages of birth or fortune, ought to be plead in justification of inferiority. To ascend from the humble walks, to the high places of society; from the work shop to the lecturer's desk; from the companionship of the unlettered, to an equal association with men of science, and substitute *their* admiration for the applause of the ignorant, requires, it is true, the genius, industry, and high aspiration of the two friends whom we deplore; but those who have one talent only, should not bury it in the earth and go to sleep, much less those who are more liberally endowed, and seem destined, therefore, to do some good in the world. As far as we have seen, professional inferiority is, much oftener the consequence, of defective application, and deficient ambition, than of sparing intellectual endowment. We must admit, however, the discouraging fidelity of the poet, who says,

"*Slow* rises worth by poverty depressed."

Nevertheless, let him who has adventurously put his hand to the plough, not look back, or fall by the way side. Though fame's proud temple may literally shine *afar* to him, each hour of labor brings him nearer to its gates: Like the ascent of the sun, his rise may be too slow to be noted; but whenever he works he wins his way.

For many years, Dr. Best suffered severely from bad health; his sensibilities were morbidly acute, and his temperament melancholy; soon after he had dedicated himself to the study of science, his only son, a child of uncommon genius, was drowned in the Ohio, and he lost a daughter of almost equal promise: thus, it might be said, that he prosecuted his studies "in sickness, and in sorrow." Through most of the dark transition from a lower to a higher orbit, he was an avowed disbeliever in the Christian religion; and of course unsustained by its consolations. Nearly three years before his death, however, he was induced to enter on an examination of that system, and the result

was most happy, he admitted the validity of its evidences, and exhorted his scientific friends not to reject it without inquiry. He adopted its precepts, and opened his heart to its benign solaces; thus he superadded the Christian to the philosopher, and in his 40th year, yielded up his spirit in hope of peace. D.

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39. *Professor Caldwell's Prize Essay on the comparative Influence of vegetable and animal decomposition in the production of Fever.*

We have read with great pleasure, the above essay. So much of the Journal has lately been devoted to the subject of marsh miasm mata, that we do not feel at liberty to publish any of his remarks upon this subject. We have the less regret upon this account, since the views of the learned author coincide very gencrally with those which have been advanced in former numbers of this journal. We can therefore take no further notice of this production, than simply to give a brief abstract of the distinction drawn by the author between intermittent and typhus fever.

1. The former is the product of changes in vegetable matter, and is generated where no animal matter can be found. Typhus, on the contrary, springs from animal matter, generally from changes that take place in the secretions of the human body, and is produced in situations where there is no decompo sable matter but human exhalations.

2. The two diseases differ in their access, type, progress, symptoms, and duration, having no other resemblance in these respects, than the general one of their common febrile character.

3. They are produced in very dlfferent situations. The origin of intermittents is, in the open air; and it is of little consequence in its production, whether the air be calm or agitated by winds. Typhus requires close and unventilated rooms, and a stagnant atmosphere.

4. Hot climates and the warm seasons of the year, are favorable to the various forms of intermittent and remittent disease.

Typhus is a disease of cold climates, and of the winter season.

5. The miasm which produces typhus, may adhere to articles of clothing, and thus be transferred from place to place. There is no reason to believe this to be the case with the causes of intermittent fever.

6. The miasm of typhus cannot be generated in the open air, nor transported to any distance by the atmosphere, without losing its deleterious character. Marsh miasm, on the contrary, may pass to a considerable distance, and still retain its virulence.

Marsh miasm is said to produce disease in domestic animals. The same is true of typhus, but the disease in this case is produced by the exhalations of animals themselves.

Typhus, the author remarks, is produced from local sources, and although it is produced most readily, and is marked with most malignity, when the general constitution of the atmosphere is unfavorable to health, yet it may take place when nothing of the kind exists. All febrile diseases possess a specific character, and, although in their advanced stages they are said to become typhoid, nothing more can be meant than, that some symptoms have supervened that resemble typhus.

The origin of epidemic typhus, the author believes to be atmospherical. It differs from the origin of intermittent fever, in having no dependence upon place, season, or any of the sensible properties of the atmosphere.

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MIAMI UNIVERSITY

Medical Department.

The Board of Trustees of Miami University, beg leave, respectfully, to announce, that they have established, in CINCINNATI, a MEDICAL DEPARTMENT, which will go into full operation the ensuing autumn. The following gentlemen compose the Faculty:

DANIEL DRAKE, M. D., (*Late Professor in Transylvania University, and the Jefferson Medical College,*) Professor of the Institutes and practice of Medicine, and Dean of the Faculty.

GEO. MCCLELLAN, M. D., (*Professor of Surgery in the Jefferson Medical College,*) Professor of Anatomy and Physiology.

JOHN EBERLE, M. D., (*Professor of Materia Medica in the Jefferson Medical College,*) Professor of Materia Medica and Botany.

JAMES M. STAUGHTON, M. D., (*Late Professor of Surgery in Columbian College,*) Professor of Surgery.

JOHN F. HENRY, M. D., *of Kentucky*, Professor of Obstetrics and the Diseases of Women and Children.

THO'S D. MITCHELL, M. D., *of Philadelphia*, Professor of Chemistry and Pharmacy.

JOSEPH N. MCDOWELL, M. D., *of Cincinnati*, Adjunct Professor of Anatomy and Physiology.

It will be observed, that most of these gentlemen have, for several years, been public teachers, and are extensively and advantageously known, both by their lectures and their writings. Composed of such distinguished Professors, the School, from its very beginning, must bear a comparison with any other in the United States; and, as such, the Board would respectfully commend it to the confidence of the profession generally.

The terms and regulations for the first Course will be published in due time by the Faculty.

By order of the Board.

R. H. BISHOP, *President.*

JOEL COLLINS, *Secretary.*

MIAMI UNIVERSITY, OXFORD, OHIO, FEB. 22, 1831.